

**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

Congressional Leadership Fund

ADDRESS (number and street)

1747 Pennsylvania Avenue, NW

5th Floor

Check if different
than previously
reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00504530

3. IS THIS
REPORTNEW
(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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Crosby, Caleb, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Congressional Leadership Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		13		2022

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2022</td></tr></table>	Y	Y	Y	Y	Y	2022						<table><tr><td colspan="5">61186662.56</td></tr></table>	61186662.56				
Y	Y	Y	Y	Y													
2022																	
61186662.56																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">127309341.41</td></tr></table>	127309341.41															
127309341.41																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">31043196.52</td></tr></table>	31043196.52					<table><tr><td colspan="5">155264361.38</td></tr></table>	155264361.38									
31043196.52																	
155264361.38																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">158352537.93</td></tr></table>	158352537.93					<table><tr><td colspan="5">216451023.94</td></tr></table>	216451023.94									
158352537.93																	
216451023.94																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">44453709.03</td></tr></table>	44453709.03					<table><tr><td colspan="5">102552195.04</td></tr></table>	102552195.04									
44453709.03																	
102552195.04																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">113898828.90</td></tr></table>	113898828.90					<table><tr><td colspan="5">113898828.90</td></tr></table>	113898828.90									
113898828.90																	
113898828.90																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Congressional Leadership Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	3		2	0	2	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	2	2		

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).....	0.00	10500.00
(ii) Unitemized	70.00	316.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70.00	10816.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	70.00	35816.00
12. Transfers From Affiliated/Other Party Committees.....	120973.73	627624.20
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.).....	30922152.79	154600921.18
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))	31043196.52	155264361.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31043196.52	155264361.38

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	3538.80	36330.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3538.80	36330.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	744592.00
24. Independent Expenditures (use Schedule E)	43625483.79	85711460.76
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).....	739686.44	16059811.55
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)) ..	44453709.03	102552195.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44453709.03	102552195.04

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)	70.00	35816.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70.00	35816.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3538.80	36330.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3538.80	36330.73

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAKE BACK THE HOUSE 2022

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824-0844FEC ID number of contributing
federal political committee.

C

C00766782

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627624.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA12.363570

Amount of Each Receipt this Period

120973.73

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRESLOW, JOHN, , ,

Mailing Address 11707 DISCOVERY CANYON DRIVE

City
LAS VEGASState
NVZip Code
89135-7928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
0	9				0	2		2	0	2	2		

Transaction ID : SA12.363596

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, ANNA, , ,

Mailing Address 93 HAWLEY WOODS RD

City
BARRINGTONState
ILZip Code
60010-5136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

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
0	8				2	5		2	0	2	2		

Transaction ID : SA12.363595

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

120973.73

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 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRANBERG, ALEX, , ,

Mailing Address 1601 WEWATTA STREET
SUITE 600 SUITE 600City
DENVERState
COZip Code
80202-6302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASPECT HOLDINGSOccupation (for Individual)
FOUNDER & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2022

Transaction ID : SA12.363589

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIERMEIER, JEFF, , ,

Mailing Address 2113 CANNA WAY

City
NAPLESState
FLZip Code
34105-3069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2022

Transaction ID : SA12.363571

Amount of Each Receipt this Period

1700.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUKE, GEORGE, B., MR.,

Mailing Address 580 E MAIN STREET

City
BRADFORDState
PAZip Code
16701-1838FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZIPPO MFG. COMPANYOccupation (for Individual)
CHAIRMAN & OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2022

Transaction ID : SA12.363584

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

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 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLDEN, BRENT, L., ,

Mailing Address 86852 ROGERS WAY

City
THERMALState
CAZip Code
92274-9327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	D D	Y Y Y Y
06	30	2022

Transaction ID : SA12.363579

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLSON III, RICHARD, S., ,

Mailing Address 1090 EDGEWOOD ROAD

City
LAKE FORESTState
ILZip Code
60045-1307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GUARANTEE TRUST LIFEOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	D D	Y Y Y Y
07	08	2022

Transaction ID : SA12.363583

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. INGRAM, JOHN, R., ,

Mailing Address 4400 HARDING PIKE

City
NASHVILLEState
TNZip Code
37205-2204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INGRAM INDUSTRIESOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	D D	Y Y Y Y
06	17	2022

Transaction ID : SA12.363572

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, ANN, L., ,

Mailing Address 1220 SOUTH OCEAN BOULEVARD

City
PALM BEACHState
FLZip Code
33480-5016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
07		05		2022

Transaction ID : SA12.363573

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUTNICK, HOWARD, W., ,

Mailing Address 499 PARK AVENUE
FLOOR 3 FLOOR 3City
NEW YORKState
NYZip Code
10022-1240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CANTOR FITZGERALDOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

Transaction ID : SA12.363580

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATHENY, DAVID, , ,

Mailing Address 2305 BEL PAESE BEND

City
LEANDERState
TXZip Code
78641-4778FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SILENCER SHOPOccupation (for Individual)
OWNER

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
06		30		2022

Transaction ID : SA12.363581

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

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 1421

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCREA, MARSHALL, , ,

Mailing Address PO BOX 592137

City
SAN ANTONIO

State
TX

Zip Code
78259-0156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENERGY TRANSFER

Occupation (for Individual)
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2022

Transaction ID : SA12.363587

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLSTONE, DAVID, J., ,

Mailing Address 250 WILLOUGHBY WAY

City
ASPEN

State
CO

Zip Code
81611-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STANDARD INDUSTRIES

Occupation (for Individual)
CO-CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2022

Transaction ID : SA12.363577

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLSTONE, JENNIFER, H., ,

Mailing Address 250 WILLOUGHBY WAY

City
ASPEN

State
CO

Zip Code
81611-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT IN WORKFORCE

Occupation (for Individual)
NOT IN WORKFORCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2022

Transaction ID : SA12.363576

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

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 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAU III, JOHN, L., ,

Mailing Address 2229 SAN FELIPE
SUITE 1250

City
HOUSTON

State
TX

Zip Code
77019-5644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SILVER EAGLE DISTRIBUTORS

Occupation (for Individual)
PRESIDENT

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 / 20 / 2022

Transaction ID : SA12.363597

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEROT JR., H.R., , ,

Mailing Address 3000 TURTLE CREEK BOULEVARD

City
DALLAS

State
TX

Zip Code
75219-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
REAL ESTATE DEVELOPER

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 / 10 / 2022

Transaction ID : SA12.363591

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEROT, SARAH, , ,

Mailing Address 300 TURTLE CREEK BOULEVARD

City
DALLAS

State
TX

Zip Code
75219-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

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 / 2022

Transaction ID : SA12.363593

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 12 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTS, DUANE, R., ,

Mailing Address 4100 NEWPORT PLACE DRIVE
SUITE 400

City
NEWPORT BEACH

State
CA

Zip Code
92660-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ENTREPRENEURIAL CORPORATE GROUP

Occupation (for Individual)

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 30 / 2022

Transaction ID : SA12.363574

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTS, KELLY, J., ,

Mailing Address 4100 NEWPORT PLACE DRIVE
SUITE 400

City
NEWPORT BEACH

State
CA

Zip Code
92660-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ENTREPRENEURIAL CORPORATE GROUP

Occupation (for Individual)

VICE CHAIRMAN & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 30 / 2022

Transaction ID : SA12.363575

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALAME, RYAN , DAVID, ,

Mailing Address 74 ROOD HILL RD

City
SANDISFIELD

State
MA

Zip Code
01255-9635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FTX DIGITAL MARKETS

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2005000.00

Date of Receipt

06 / 30 / 2022

Transaction ID : SA12.363578

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

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 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SATTER, MUNEEER, A., MR.,

Mailing Address 676 NORTH MICHIGAN AVENUE, SUITE 4
SUITE 4000

City
CHICAGO

State
IL

Zip Code
60611-2895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SATTER INVESTMENT MANAGEMENT, LLC

Occupation (for Individual)

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2022

Transaction ID : SA12.363585

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMMS, THOMAS, M., ,

Mailing Address PO BOX 676

City

WILSON

State

WY

Zip Code

83014-0676

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2022

Transaction ID : SA12.363586

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STERN, MARC, I., ,

Mailing Address 23700 MALIBU COLONY RD

City

MALIBU

State

CA

Zip Code

90265-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE TCW GROUP, INC.

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2022

Transaction ID : SA12.363592

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

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

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

0.00

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 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWANSON, MATTHEW, SWANSON, ,

Mailing Address 5213 W MAIN ST

City
TURLOCKState
CAZip Code
95380-9413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PROSPECTOROccupation (for Individual)
MANAGING MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	2

Transaction ID : SA12.363582

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOD, ANTHONY, , ,

Mailing Address 161 PRIMROSE WAY

City
PALO ALTOState
CAZip Code
94303-3047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	2

Transaction ID : SA12.363594

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ASPECT HOLDINGS

Mailing Address 8806 HARNESS CREEK LANE

City
HOUSTONState
TXZip Code
77024-7043FEC 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 ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	2	2

Transaction ID : SA12.363588

Amount of Each Receipt this Period

5000.00

☒ Memo Item
TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022; Attribute to Alex Cranberg

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

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

0.00

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 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRANSCANADA USA SERVICES, INC. PAC

Mailing Address 1250 I STREET NW
SUITE 225

City
WASHINGTON

State
DC

Zip Code
20005-5977

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 ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2022

Transaction ID : SA12.363590

Amount of Each Receipt this Period

1700.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TAKE BACK THE HOUSE 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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)..... ▶

0.00

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

120973.73

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 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEAM, K KIM, , ,

Mailing Address 650 QUAIL RUN

City
O'FALLON

State
IL

Zip Code
62269-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.377434

Amount of Each Receipt this Period

- 0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANSON, PATRICIA, , ,

Mailing Address 1515 HARD ROCK ROAD APT 136

City
IRVING

State
TX

Zip Code
75061-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.377148

Amount of Each Receipt this Period

- 35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCORMICK DRIVE LLC

Mailing Address 1205 SNELL ISLE BLVD NE

City
SAINT PETERSBURG

State
FL

Zip Code
33704-3035

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345141

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT - SEE
ATTRIBUTION BELOW

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

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

99964.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WANEK, RONALD, , ,

Mailing Address 1205 SNELL ISLE BLVD NE

City
SAINT PETERSBURG

State
FL

Zip Code
33704-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCORMICK DRIVE LLC

Occupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345141_B

Amount of Each Receipt this Period

100000.00

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345143

Amount of Each Receipt this Period

941.80

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTA

State
FL

Zip Code
34243-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345199

Amount of Each Receipt this Period

0.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

0.75

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 18 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345200

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345202

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BECK, ROBERT, , ,

Mailing Address P.O. BOX 467

City
THOMPSONS STATIONState
TNZip Code
37179-0467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PREMIERE PROPERTIES GROUP PROPERTIES GOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345611

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

2.90

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

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

FOR LINE NUMBER: PAGE 19 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLANKENSHIP, KATHY, , ,

Mailing Address 125 ORCHARD DR.

City
ELIDAState
OHZip Code
45807-1084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.08

Date of Receipt

M M	D D	Y Y Y Y
09	13	2022

Transaction ID : SA17.345162

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRACHFELD, DONALD, , ,

Mailing Address 25 FOUR SEASONS DRIVE

City

NORTH CALDWELL

State

NJ

Zip Code

07006-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.50

Date of Receipt

M M	D D	Y Y Y Y
09	13	2022

Transaction ID : SA17.345661

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City

OZARK

State

AR

Zip Code

72949-8145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M	D D	Y Y Y Y
09	13	2022

Transaction ID : SA17.345266

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.40

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

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

FOR LINE NUMBER: PAGE 20 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345514

Amount of Each Receipt this Period

2.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345515

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345516

Amount of Each Receipt this Period

2.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 21 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345517

Amount of Each Receipt this Period

2.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345518

Amount of Each Receipt this Period

0.10

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345519

Amount of Each Receipt this Period

0.10

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

2.70

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

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

FOR LINE NUMBER: PAGE 22 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345622

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345623

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345624

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.05

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

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

FOR LINE NUMBER: PAGE 23 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345625

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345629

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ECHOLS, DON, , ,

Mailing Address 3461 JERROLD BOULEVARD

City
BRUNSWICK

State
OH

Zip Code
44212-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.83

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345157

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.05

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

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

FOR LINE NUMBER: PAGE 24 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELDRIDGE, WARD, , ,

Mailing Address 37 LOVEMAN RD

City
CREAM RIDGE

State
NJ

Zip Code
08514-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.28

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345660

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRELL, HOLLY, , ,

Mailing Address 6329 MONTROSE DR.

City
DALLAS

State
TX

Zip Code
75209-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.05

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345331

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEST, ALBERT, , ,

Mailing Address 357 SANTA MONICA PLACE

City
CORPUS CHRISTI

State
TX

Zip Code
78411-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMCARE/CHRISTUS HEALTH

Occupation (for Individual)
EM PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.50

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345424

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.80

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

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

FOR LINE NUMBER: PAGE 25 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEE

State
WI

Zip Code
54455-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345285

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEE

State
WI

Zip Code
54455-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345286

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, MARY, , ,

Mailing Address 2205 CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345158

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

12.05

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

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

FOR LINE NUMBER: PAGE 26 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345159

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANCOCK, TERRY, , ,

Mailing Address 1713 MILL STREET

City
CAMDEN

State
SC

Zip Code
29020-2730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345367

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345615

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.15

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

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

FOR LINE NUMBER: PAGE 27 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISONState
WIZip Code
53714-1925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345616

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISONState
WIZip Code
53714-1925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345617

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISONState
WIZip Code
53714-1925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345618

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.00

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 28 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345619

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345620

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

726.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345621

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

16.00

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

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

FOR LINE NUMBER: PAGE 29 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.75

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345631

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.75

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345632

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMES, GLORIA, , ,

Mailing Address 4673 PIERSON DRIVE

City
OOLTEWAH

State
TN

Zip Code
37363-8881

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

316.65

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345170

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.35

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

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

FOR LINE NUMBER: PAGE 30 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / **13** / **2022**

Transaction ID : SA17.345537

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / **13** / **2022**

Transaction ID : SA17.345538

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / **13** / **2022**

Transaction ID : SA17.345539

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.25

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

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

FOR LINE NUMBER: PAGE 31 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345540

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUMENTHALER, FREDERICK, , ,

Mailing Address 100 OXFORD ROAD

City
LANSDALE

State
PA

Zip Code
19446-4758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.20

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345634

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.93

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345452

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.40

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

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

FOR LINE NUMBER: PAGE 32 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.377431

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARRISH, BUTCH, , ,

Mailing Address 1715 BEACH RD

City
HAMPTON

State
VA

Zip Code
23664-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345147

Amount of Each Receipt this Period

0.17

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETRY, JUDITH, , ,

Mailing Address 1111 BENTWOOD PLACE CT

City
LOUISVILLE

State
KY

Zip Code
40207-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345523

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

- 0.73

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

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

FOR LINE NUMBER: PAGE 33 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PINYERD, MARK, , ,

Mailing Address 2409 CALIFORNIA ST SE

City
HUNTSVILLE

State
AL

Zip Code
35801-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.85

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345203

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKER

State
MT

Zip Code
59313-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345534

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKER

State
MT

Zip Code
59313-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345535

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

5.25

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345567

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345568

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345569

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

32.00

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

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

FOR LINE NUMBER: PAGE 35 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALEState
NYZip Code
11735-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345570

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALEState
NYZip Code
11735-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345571

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALEState
NYZip Code
11735-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345572

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.30

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

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

FOR LINE NUMBER: PAGE 36 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345185

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345187

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, CHESTER, , ,

Mailing Address 2060 WHEELER LANE

City
SAINT JOHNS

State
FL

Zip Code
32259-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.70

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345332

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

5.50

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

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

FOR LINE NUMBER: PAGE 37 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNYDER, ROBERT A, , ,

Mailing Address P O BOX 141

City
FALLS VILLAGE

State
CT

Zip Code
06031-0141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARD R HAMILTON,BOOKSELLER

Occupation (for Individual)
SHIP BOOKS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345612

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOW

State
VA

Zip Code
20136-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345397

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345560

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.71

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

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

FOR LINE NUMBER: PAGE 38 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANY

State
OR

Zip Code
97322-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345545

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345300

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345314

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.45

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

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

FOR LINE NUMBER: PAGE 39 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345491

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345665

Amount of Each Receipt this Period

6938.26

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMAS, ROMULO, , ,

Mailing Address 1776 72AVE NE

City
SAINT PETERSBURG

State
FL

Zip Code
33702-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345682

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

75.07

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

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

FOR LINE NUMBER: PAGE 40 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARWOOD, JOHN, , ,

Mailing Address 13255LANIERROAD

City
JACKSONVILLE

State
FL

Zip Code
32226-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1097.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345777

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BATTLE, DEBBIE, , ,

Mailing Address 2 BRENNAN COURT

City
AMARILLO

State
TX

Zip Code
79121-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2228.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345800

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345779

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

57.50

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

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

FOR LINE NUMBER: PAGE 41 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BENAVIDES, GLORIA J, , ,**

Mailing Address 146 MARLENA DR.

City
SAN ANTONIO

State
TX

Zip Code
78213-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345718

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BONIN, JUDY, , ,**

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345806

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BOULWARE, MICHAEL, , ,**

Mailing Address 502 EAST FORT AVENUE

City
BALTIMORE

State
MD

Zip Code
21230-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

954.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345719

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAVANAUGH, LYNN, , ,

Mailing Address 7800 LOMA VISTA DRIVE

City
AMARILLO

State
TX

Zip Code
79108-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345687

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAVANAUGH, LYNN, , ,

Mailing Address 7800 LOMA VISTA DRIVE

City
AMARILLO

State
TX

Zip Code
79108-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345688

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHENAULT, MELISSA, , ,

Mailing Address P.O. BOX 93

City
OMENA

State
MI

Zip Code
49674-0093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345785

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 43 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHENAULT, MELISSA, , ,

Mailing Address P.O. BOX 93

City
OMENA

State
MI

Zip Code
49674-0093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.377096

Amount of Each Receipt this Period

- 50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DYER, STEPHEN, , ,

Mailing Address P.O. BOX 399

City
SARATOGA

State
WY

Zip Code
82331-0399

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345790

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIELDS, CONNIE, , ,

Mailing Address 606 E. MEDUSA ST.

City
SYRACUSE

State
IN

Zip Code
46567-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345805

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 44 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRALEY, DAVID, , ,

Mailing Address 28 LINCOLN DRIVE

City
NORTH SMITHFIELD

State
RI

Zip Code
02896-6956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345683

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEORGE, DANIEL, , ,

Mailing Address 3880ROSBOROUGH SPRINGS RD

City
MARSHALL

State
TX

Zip Code
75672-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345695

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345722

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 45 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINA

State
NC

Zip Code
27526-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345666

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALLSTEEN, CRAIG, , ,

Mailing Address 1000 SKOKIE BLVD, # 448

City
NORTHBROOK

State
IL

Zip Code
60062-4154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345703

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUMBERT, CHARLENE, , ,

Mailing Address 84741 WINESAP

City
MILTON FREEWATER

State
OR

Zip Code
97862-7359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

805.00

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345799

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 46 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. IHAM, JOHN, , ,

Mailing Address 45 WAYLAND

City
NASHVILLE

State
TN

Zip Code
37215-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345767

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, CRAIG, , ,

Mailing Address 1070 WINDY SHORE DRIVE

City
COLDWATER

State
MI

Zip Code
49036-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345784

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLESH, DIANA, , ,

Mailing Address 4289 HIGH ROAD

City
CRESCO

State
PA

Zip Code
18326-7079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345759

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

2550.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANDI, ELLEN, , ,

Mailing Address 118 84TH STREET

City
BROOKLYNState
NYZip Code
11209-4314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345808

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAWS, LOIS, , ,

Mailing Address 563 FORESTWOOD DR.

City
COLUMBUSState
OHZip Code
43230-2059FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345798

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGNUSON, MARK, , ,

Mailing Address 7715 VASSERMAN TRAIL

City
CHANHASSENState
MNZip Code
55317-4506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LPLOccupation (for Individual)
FINANCIAL PLANNER

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
09		13		2022

Transaction ID : SA17.345733

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 48 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIMMS, JOY, , ,

Mailing Address 8303 NORFOLK DR.

City
AMARILLOState
TXZip Code
79119-6442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345729

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOLL, VERONICA A., , ,

Mailing Address 5760 STOUTS FERRY RD.

City
READINGState
PAZip Code
19605-3248FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345669

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOLTE, JOE, , ,

Mailing Address 77 MIDDENDORF LA

City
TOWANDAState
PAZip Code
18848-7896FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345696

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **NOLTE, JOE, , ,**

Mailing Address 77 MIDDENDORF LA

City
TOWANDA

State
PA

Zip Code
18848-7896

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345804

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **ODUM, FREIDA, , ,**

Mailing Address 1 MYRTLEWOOD

City
SAVANNAH

State
GA

Zip Code
31405-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345677

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **PARRISH, BUTCH, , ,**

Mailing Address 1715 BEACH RD

City
HAMPTON

State
VA

Zip Code
23664-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345821

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

80.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEDERSEN, WILLIAM, , ,

Mailing Address 374 LOCHWOOD DRIVE

City
CAMANO ISLAND

State
WA

Zip Code
98282-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.70

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345828

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PINYERD, MARK, , ,

Mailing Address 2409 CALIFORNIA ST SE

City
HUNTSVILLE

State
AL

Zip Code
35801-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.85

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345775

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RESTREPO, SOCORRO, , ,

Mailing Address 16263 SOUTHWEST 102ND TERRACE

City
MIAMI

State
FL

Zip Code
33196-5882

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

383.00

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345826

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

100.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSENQUIST, TRACY, , ,

Mailing Address 10 E PINERIDGE CT. #11

City
SPOKANEState
WAZip Code
99208-7014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345690

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COASTState
FLZip Code
32137-2702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345812

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANDERS, DAVID, , ,

Mailing Address 41 S OLD ORCHARD

City
SAINT LOUISState
MOZip Code
63119-3202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HPD CAMBRIDGEOccupation (for Individual)
ARCHITECT-DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345737

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

73.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDVIG, VIRGINIA, , ,

Mailing Address 16134 COUNTY ROAD 431

City
LINDALE

State
TX

Zip Code
75771-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345814

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARETTA, ROBERT, , ,

Mailing Address 1150 OCEAN AVE BOHEMIA

City
BOHEMIA

State
NY

Zip Code
11716-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345787

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345807

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

145.00

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 53 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, ELAINE, , ,

Mailing Address 51 LEROY PLACE #61

City
NEWBURGH

State
NY

Zip Code
12550-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345786

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, JILL, , ,

Mailing Address 10455 O' BRIEN CREEK ROAD

City
MISSOULA

State
MT

Zip Code
59804-5849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.60

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345671

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBB, JEAN, , ,

Mailing Address 304 PARRY DRIVE

City
MOORESTOWN

State
NJ

Zip Code
08057-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2273.55

Date of Receipt

09 / 13 / 2022

Transaction ID : SA17.345758

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

285.00

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

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

FOR LINE NUMBER: PAGE 54 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINN, BRAD, , ,

Mailing Address 123 EAST WOODLAND DRIVE

City
EL DORADO

State
AR

Zip Code
71730-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345745

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODY, STEVE, , ,

Mailing Address 2366 SANDERLING DR.

City
ROCK HILL

State
SC

Zip Code
29732-7790

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345811

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, LINDA, , ,

Mailing Address 6721 WEST WAKEFIELD DRIVE

City
ALEXANDRIA

State
VA

Zip Code
22307-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

967.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2022

Transaction ID : SA17.345707

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

115.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 16

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YAGER, BIRDIE, , ,

Mailing Address 1300 ALTURA RD

City
FORT MILLState
SCZip Code
29708-7055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2022

Transaction ID : SA17.345686

Amount of Each Receipt this Period

30.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.377134

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.377135

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

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

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

10.00

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

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

FOR LINE NUMBER: PAGE 56 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.377136

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.377138

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.377139

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

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

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

- 20.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.377412

Amount of Each Receipt this Period

- 0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345832

Amount of Each Receipt this Period

1003.11

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABE, JOSEPH, , ,

Mailing Address 582 NORTH LAUREL VALLEY DRIVE

City
AZUSAState
CAZip Code
91702-1846FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOSEPH E ABE, A DENTAL CORPOccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345840

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

0.75

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 58 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTONState
TXZip Code
77035-4222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345934

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANONState
OHZip Code
45036-2822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346227

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAMBROSIO, RALPH, , ,

Mailing Address 34 LINDENWOOD ROAD

City
STONEHAMState
MAZip Code
02180-2351FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

271.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346264

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

2.80

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 59 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DONAHUE, NANCY, , ,

Mailing Address 10139 KRESS ROAD

City
PINCKNEYState
MIZip Code
48169-9373FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346170

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346176

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346178

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

7.15

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

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

FOR LINE NUMBER: PAGE 60 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346179

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346180

Amount of Each Receipt this Period

11.38

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346182

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

14.03

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

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

FOR LINE NUMBER: PAGE 61 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILBERTSON, ONDRA, , ,

Mailing Address 8719 CALLE QUEBRADA

City
RANCHO CUCAMONGAState
CAZip Code
91730-1916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346185

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346241

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346242

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

7.15

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 62 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNION

State
NJ

Zip Code
07083-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346243

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNION

State
NJ

Zip Code
07083-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346245

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNION

State
NJ

Zip Code
07083-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.29

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346248

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

8.65

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

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

FOR LINE NUMBER: PAGE 63 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, ROBERT, , ,

Mailing Address 20570 FORTUNA DEL SUR

City
ESCONDIDOState
CAZip Code
92029-4506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346044

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345875

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345876

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

3.15

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

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

FOR LINE NUMBER: PAGE 64 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345907

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARDY, ALEGRA, , ,

Mailing Address 1873 LYNNE AVENUE

City
HENDERSONState
NCZip Code
27536-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345899

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARDY, ALEGRA, , ,

Mailing Address 1873 LYNNE AVENUE

City
HENDERSONState
NCZip Code
27536-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345900

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

10.25

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 65 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **HARDY, ALEGRA, , ,**

Mailing Address 1873 LYNNE AVENUE

City
HENDERSON

State
NC

Zip Code
27536-2921

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.345901

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **HAYES, BRUCE, , ,**

Mailing Address 126 ANDOVER LN

City
HUNTSVILLE

State
AL

Zip Code
35811-8630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346157

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **HOLBEN, MELVIN, , ,**

Mailing Address 407 KATIELEE COVE, DALLAS, GA 3013

City
DALLAS

State
GA

Zip Code
13032-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

489.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346261

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

0.75

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 66 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, WARREN, , ,

Mailing Address 7684 CHANTELE LANE

City
ROSCOEState
ILZip Code
61073-9768FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346254

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346198

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346200

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

5.25

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 67 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346201

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346202

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDGRAF, GERALD, , ,

Mailing Address 12437 CHELWOOD PLACE NE

City
ALBUQUERQUEState
NMZip Code
87112-4625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346120

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

10.55

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 68 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.345861

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.345895

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.345897

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

16.00

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

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

FOR LINE NUMBER: PAGE 69 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345898

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MONNES, RANDALL, , ,

Mailing Address 1675 NW 1ST STREET

City
GRESHAMState
ORZip Code
97030-6875FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345971

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MONNES, RANDALL, , ,

Mailing Address 1675 NW 1ST STREET

City
GRESHAMState
ORZip Code
97030-6875FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.345972

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

31.00

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

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

FOR LINE NUMBER: PAGE 70 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUMENTHALER, FREDERICK, , ,

Mailing Address 100 OXFORD ROAD

City
LANSDALEState
PAZip Code
19446-4758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346107

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTONState
MOZip Code
65020-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346208

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTONState
MOZip Code
65020-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346210

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

5.25

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 71 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTONState
MOZip Code
65020-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346211

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTONState
MOZip Code
65020-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346212

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTONState
OHZip Code
44720-8168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISESOccupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346225

Amount of Each Receipt this Period

0.22

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

5.57

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 72 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALERMO, MARK, , ,

Mailing Address 246 GARFIELD PLACD

City
BROOKLYN

State
NY

Zip Code
11215-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LAWYER, INVESTOR, CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.345957

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALERMO, MARK, , ,

Mailing Address 246 GARFIELD PLACD

City
BROOKLYN

State
NY

Zip Code
11215-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LAWYER, INVESTOR, CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.345961

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALERMO, MARK, , ,

Mailing Address 246 GARFIELD PLACD

City
BROOKLYN

State
NY

Zip Code
11215-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LAWYER, INVESTOR, CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.345962

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

11.00

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

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

FOR LINE NUMBER: PAGE 73 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYTHEON

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.345837

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICHEY, JOE, , ,

Mailing Address 4500 16ST

City
RACINE

State
WI

Zip Code
53405-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.345835

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKON

State
OK

Zip Code
73099-5781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

613.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346099

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

5.25

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 74 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKONState
OKZip Code
73099-5781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2		

Transaction ID : SA17.346101

Amount of Each Receipt this Period

2.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKONState
OKZip Code
73099-5781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2		

Transaction ID : SA17.346102

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWAB, ROBERT, , ,

Mailing Address 5123 E CALLE DEL NORTE

City
PHOENIXState
AZZip Code
85018-4427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.65

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2		

Transaction ID : SA17.346174

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

2.90

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 75 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346026

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEAFFER, SYLVIA, , ,

Mailing Address 1524 ESBENSHADE ROAD

City
LANCASTER

State
PA

Zip Code
17601-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346247

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEAFFER, SYLVIA, , ,

Mailing Address 1524 ESBENSHADE ROAD

City
LANCASTER

State
PA

Zip Code
17601-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346249

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.15

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

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

FOR LINE NUMBER: PAGE 76 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANYState
ORZip Code
97322-5873FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.60

Date of Receipt

M M	D D	Y Y Y Y
09	14	2022

Transaction ID : SA17.346311

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLTER, LARRY, , ,

Mailing Address P.O. BOX 2453

City
VACAVILLEState
CAZip Code
95696-2453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VETERANS AIRPORTEROccupation (for Individual)
DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.35

Date of Receipt

M M	D D	Y Y Y Y
09	14	2022

Transaction ID : SA17.346292

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M	D D	Y Y Y Y
09	14	2022

Transaction ID : SA17.346316

Amount of Each Receipt this Period

8029.94

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

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

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

0.50

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

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

FOR LINE NUMBER: PAGE 77 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, LOREN, , ,

Mailing Address 42 BROOKLYN LANE

City
PALM COASTState
FLZip Code
32137-8723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346591

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEGLEY, LINDA, , ,

Mailing Address 403 ROYALE COURT

City
TROYState
NYZip Code
12180-8559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346600

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEGLEY, LINDA, , ,

Mailing Address 403 ROYALE COURT

City
TROYState
NYZip Code
12180-8559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

503.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346601

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

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 78 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346414

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346465

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENNETT, JAMES, , ,

Mailing Address 18922 146TH ST E

City
BONNEY LAKE

State
WA

Zip Code
98391-7553

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346368

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

35.00

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

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

FOR LINE NUMBER: PAGE 79 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERGER, MATTHEW, , ,

Mailing Address 340 MONTAGE MOUNTAIN ROAD

City
MOOSIC

State
PA

Zip Code
18507-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346494

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOBEE, THOMAS. G, , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346322

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOBEE, THOMAS. G, , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

484.50

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346445

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

70.10

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

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

FOR LINE NUMBER: PAGE 80 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOULWARE, MICHAEL, , ,

Mailing Address 502 EAST FORT AVENUE

City
BALTIMOREState
MDZip Code
21230-4751FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346457

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRACHFELD, DONALD, , ,

Mailing Address 25 FOUR SEASONS DRIVE

City
NORTH CALDWELLState
NJZip Code
07006-6134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346497

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, ELLEN, , ,

Mailing Address P.O. BOX 2156

City
SILSBEEState
TXZip Code
77656-2156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

725.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346340

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

210.00

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 81 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BYRNES, ROBERT, , ,

Mailing Address 4555 E MAYO BLVD UNIT 34101

City
PHOENIXState
AZZip Code
85050-3788FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346513

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, WILLIAM, , ,

Mailing Address 4756 HURT RD.

City
KENTONState
TNZip Code
38233-4232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346398

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIREState
GAZip Code
31005-4033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346418

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

65.00

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 82 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHALMERS, DAVID, , ,

Mailing Address 2210 OHIO 44

City
ATWATERState
OHZip Code
44201-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRIENDSHIP ACRES INCOccupation (for Individual)
GM

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
09		14		2022

Transaction ID : SA17.346392

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTSState
CAZip Code
91745-4848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346400

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTSState
CAZip Code
91745-4848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346453

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 83 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COURSON, CARL, , ,

Mailing Address 900 N E 3RD STREET

City
BELLE GLADEState
FLZip Code
33430-2042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BIG LAKE SNACK SALES, INCOccupation (for Individual)
V PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346573

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COURTNEY, JOHN, , ,

Mailing Address 1298 SILVERWOOD DRIVE

City
OKEMOSState
MIZip Code
48864-3092FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346404

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COURTNEY, JOHN, , ,

Mailing Address 1298 SILVERWOOD DRIVE

City
OKEMOSState
MIZip Code
48864-3092FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

835.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346424

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

90.00

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 84 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COURTNEY, JOHN, , ,

Mailing Address 1298 SILVERWOOD DRIVE

City
OKEMOSState
MIZip Code
48864-3092FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346425

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, JERRY, , ,

Mailing Address P.O. BOX 95

City
LENORAHState
TXZip Code
79749-0095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346536

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROWLEY, CAROLYN, , ,

Mailing Address 13504 KEY LIME BLVD.

City
WEST PALM BEACHState
FLZip Code
33412-2153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346612

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

80.00

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 85 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIERLAM, MARK, , ,

Mailing Address 7737 LAKERIDGE LOOP

City
MONTGOMERY

State
AL

Zip Code
36117-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1880.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346488

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRISKILL, TIMOTHY, , ,

Mailing Address 2940 E 45TH PLACE

City
TULSA

State
OK

Zip Code
74105-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INSURICA

Occupation (for Individual)
INS AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346564

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

897.55

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346353

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1145.00

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

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

FOR LINE NUMBER: PAGE 86 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346354

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUST

State
NC

Zip Code
28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346553

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUST

State
NC

Zip Code
28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.78

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346554

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

49.00

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

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

FOR LINE NUMBER: PAGE 87 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUST

State
NC

Zip Code
28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346555

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUST

State
NC

Zip Code
28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346558

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMIG, SUELLEN, , ,

Mailing Address 106 CARRIAGE DRIVE

City
FREEDOM

State
PA

Zip Code
15042-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.35

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346375

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 88 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346581

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346582

Amount of Each Receipt this Period

6.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346583

Amount of Each Receipt this Period

20.76

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

30.76

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 89 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERRARO, DOUG, , ,

Mailing Address 7797 EDGEWATER COURT

City
LONE TREE

State
CO

Zip Code
80124-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BELLCO CREDIT UNION

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346603

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREDERICK, ERCELL, , ,

Mailing Address 511 W ORANGE AVE

City
ORANGE

State
TX

Zip Code
77630-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAURICEVILLE TIRE LUBE

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.24

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346602

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEHRING, MARGERY, , ,

Mailing Address 10404 LAKE LOUISA ROAD

City
CLERMONT

State
FL

Zip Code
34711-8937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

476.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346393

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

560.00

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

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

FOR LINE NUMBER: PAGE 90 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, DONALD, , ,

Mailing Address 32977 BRYANT STREET

City
WILDOMARState
CAZip Code
92595-9230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346607

Amount of Each Receipt this Period

30.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRABER, GARY, , ,

Mailing Address 9927 TERRITORY LANE

City
HOUSTONState
TXZip Code
77064-5227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346472

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRABER, GARY, , ,

Mailing Address 9927 TERRITORY LANE

City
HOUSTONState
TXZip Code
77064-5227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

796.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346474

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

120.00

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 91 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAINS, GAYLENE, , ,

Mailing Address 9908 SOUTH GARRETT STREET

City
OKLAHOMA CITY

State
OK

Zip Code
73139-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.80

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346402

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONT

State
IL

Zip Code
61568-8560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.12

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346421

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, LARRY, , ,

Mailing Address 401 RAMBLIN LANE

City
ROSEBURG

State
OR

Zip Code
97471-9749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

483.25

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346615

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 92 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLEState
WAZip Code
98112-4525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2022

Transaction ID : SA17.346551

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIBERMAN, ARTHUR, , ,

Mailing Address 895 SOUTH ORANGE AVENUE

City
SHORT HILLSState
NJZip Code
07078-1731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2022

Transaction ID : SA17.346563

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOPEZ, DAVID, , ,

Mailing Address 20845 WEST CARVER ROAD

City
BUCKEYEState
AZZip Code
85326-4198FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CANAM STEEL CORPOccupation (for Individual)
MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

807.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2022

Transaction ID : SA17.346613

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

92.50

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 93 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOVEJOY, BETTY, , ,

Mailing Address 5500 PINERIDGE DRIVE

City
ARLINGTON

State
TX

Zip Code
76016-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346559

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOWRY, FRED SR, , ,

Mailing Address 10958 BAY MEADOW CIRCLE

City
SANDY

State
UT

Zip Code
84092-4652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346481

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346399

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

160.00

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

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

FOR LINE NUMBER: PAGE 94 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCFILLIN, JAMES, , ,

Mailing Address 45483 BRAWNY ST

City
GREAT MILLS

State
MD

Zip Code
20634-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DELEX SYSTEMS

Occupation (for Individual)
PROGRAM MANAGER

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
09 / 14 / 2022

Transaction ID : SA17.346550

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEAGHER, STACY, , ,

Mailing Address 1 OAK HOLLOW CT.

City
YUBA CITY

State
CA

Zip Code
95991-6273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346548

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIMMS, JOY, , ,

Mailing Address 8303 NORFOLK DR.

City
AMARILLO

State
TX

Zip Code
79119-6442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

516.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346381

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 1421
(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2022**Transaction ID : SA17.346366**

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2022**Transaction ID : SA17.346367**

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MONROE, SANDRA, , ,

Mailing Address 1152 STOVER CT

City
HOLIDAYState
FLZip Code
34691-5213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DELTA AIRLINESOccupation (for Individual)
RESERVATIONIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2022**Transaction ID : SA17.346318**

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORIARTY, JAMES, , ,

Mailing Address 9056 SYLVANIA METAMORA RD

City
SYLVANIAState
OHZip Code
43560-9427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346590

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUELLER, CHRISTINE, , ,

Mailing Address 1743 BOULDER DR.

City
DARIENState
ILZip Code
60561-5922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346403

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORTHROP, RON, , ,

Mailing Address 2370 BATTERING ROCK RD

City
TEMPLETONState
CAZip Code
93465-8370FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346420

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

125.00

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 97 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

09 / **14** / **2022**

Transaction ID : SA17.346362

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

09 / **14** / **2022**

Transaction ID : SA17.346363

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.04

Date of Receipt

09 / **14** / **2022**

Transaction ID : SA17.346376

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

50.35

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

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

FOR LINE NUMBER: PAGE 98 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTONState
OHZip Code
44720-8168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISESOccupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346377

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAWState
OKZip Code
73020-5906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346426

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAWState
OKZip Code
73020-5906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346475

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

35.35

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 99 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAYNE, SUZANNE R, , ,

Mailing Address 4780 SUNDALE DRIVE

City
CLARKSTON

State
MI

Zip Code
48346-3689

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.70

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346594

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETESCH, BRUCE, , ,

Mailing Address 2792 MOUNT VERNON HICKORY MOUNTAIN

City
SILER CITY

State
NC

Zip Code
27344-6612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.45

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346408

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEUGHWADE, FRED, , ,

Mailing Address 1121 BEL MARIN KEYS BLVD

City
NOVATO

State
CA

Zip Code
94949-5306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

302.40

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346417

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 100 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REULMAN, CHRISTOPHER, , ,

Mailing Address 2259 HABERSHAM DRIVE

City
CLEARWATERState
FLZip Code
33764-3724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
CARPENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2022

Transaction ID : SA17.346510

Amount of Each Receipt this Period

75.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTS, GARY, , ,

Mailing Address 6206 APPIAN WAY

City
RIVERSIDEState
CAZip Code
92506-4555FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2022

Transaction ID : SA17.346446

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROOD, JOHN, , ,

Mailing Address 2306 STATELY OAK STREET

City
KINGWOODState
TXZip Code
77345-1898FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPAOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2022

Transaction ID : SA17.346606

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

425.00

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 101 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSENQUIST, TRACY, , ,

Mailing Address 10 E PINERIDGE CT. #11

City
SPOKANE

State
WA

Zip Code
99208-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346327

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABADIE, CARLOS, , ,

Mailing Address 1641 VELA COVE

City
SLIDELL

State
LA

Zip Code
70458-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.20

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346592

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346459

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

55.00

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

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

FOR LINE NUMBER: PAGE 102 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346460

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346462

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346520

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

35.00

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

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

FOR LINE NUMBER: PAGE 103 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILVERNALE, LYNN, , ,

Mailing Address 17 QUIET CREEK

City
FLORENCEState
KYZip Code
41042-8858FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346335

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOLACE, MARIE, , ,

Mailing Address 2824 N. POWER ROAD, STE. 113

City
MESAState
AZZip Code
85215-1674FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346449

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOWState
VAZip Code
20136-2532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2022

Transaction ID : SA17.346349

Amount of Each Receipt this Period

1.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

121.00

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 104 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOW

State
VA

Zip Code
20136-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.72

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346427

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOW

State
VA

Zip Code
20136-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.72

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346433

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346345

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

47.00

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 105 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346469

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STREET, ROY, , ,

Mailing Address 475 GENTRY WAY

City
RENO

State
NV

Zip Code
89502-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RENO CAB CO.

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346507

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, JILL, , ,

Mailing Address 10455 O' BRIEN CREEK ROAD

City
MISSOULA

State
MT

Zip Code
59804-5849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1091.60

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346538

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

150.00

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 106 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TROCHTA, JOSEPH F., , ,

Mailing Address 4025 TEALWOOD

City
AUSTIN

State
TX

Zip Code
78731-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.25

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346436

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TROCHTA, JOSEPH F., , ,

Mailing Address 4025 TEALWOOD

City
AUSTIN

State
TX

Zip Code
78731-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.25

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346525

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TROCHTA, JOSEPH F., , ,

Mailing Address 4025 TEALWOOD

City
AUSTIN

State
TX

Zip Code
78731-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

972.25

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346531

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 107 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TROCHTA, JOSEPH F., , ,

Mailing Address 4025 TEALWOOD

City
AUSTIN

State
TX

Zip Code
78731-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346534

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERG

State
OR

Zip Code
97132-6993

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346493

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERG

State
OR

Zip Code
97132-6993

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346500

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 108 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEBB, JEAN, , ,

Mailing Address 304 PARRY DRIVE

City
MOORESTOWN

State
NJ

Zip Code
08057-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2273.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346473

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELDEN, ANN, , ,

Mailing Address 7009 LEE PARK COURT

City
FALLS CHURCH

State
VA

Zip Code
22042-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346503

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITEMAN, KEITH, , ,

Mailing Address 2671 DAISY LANE

City
FALLBROOK

State
CA

Zip Code
92028-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2022

Transaction ID : SA17.346336

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

170.00

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

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

FOR LINE NUMBER: PAGE 109 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / 14 / 2022

Transaction ID : SA17.346360

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCHANAN, JOHN, , ,

Mailing Address 4642 BLUFF AVE

City
JACKSONVILLE

State
FL

Zip Code
32225-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.377130

Amount of Each Receipt this Period

- 35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCHANAN, JOHN, , ,

Mailing Address 4642 BLUFF AVE

City
JACKSONVILLE

State
FL

Zip Code
32225-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.10

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.377131

Amount of Each Receipt this Period

- 40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

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

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

- 65.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCHANAN, JOHN, , ,

Mailing Address 4642 BLUFF AVE

City
JACKSONVILLE

State
FL

Zip Code
32225-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.377132

Amount of Each Receipt this Period

- 35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCHANAN, JOHN, , ,

Mailing Address 4642 BLUFF AVE

City
JACKSONVILLE

State
FL

Zip Code
32225-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.377133

Amount of Each Receipt this Period

- 40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCHANAN, JOHN, , ,

Mailing Address 4642 BLUFF AVE

City
JACKSONVILLE

State
FL

Zip Code
32225-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.377408

Amount of Each Receipt this Period

- 0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

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

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

- 75.35

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

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

FOR LINE NUMBER: PAGE 111 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCHANAN, JOHN, , ,

Mailing Address 4642 BLUFF AVE

City
JACKSONVILLE

State
FL

Zip Code
32225-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.377409

Amount of Each Receipt this Period

- 0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346616

Amount of Each Receipt this Period

2137.66

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABBE, ROSS, , ,

Mailing Address 2721 VICTOR ST

City
BELLINGHAM

State
WA

Zip Code
98225-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

960.48

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347207

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.65

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 112 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City
CLAYTON

State
NC

Zip Code
27520-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.87

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347101

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City
CLAYTON

State
NC

Zip Code
27520-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.87

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347102

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City
CLAYTON

State
NC

Zip Code
27520-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

590.87

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347113

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

4.30

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City
CLAYTON

State
NC

Zip Code
27520-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.87

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347121

Amount of Each Receipt this Period

20.22

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BODKIN, RICHARD, , ,

Mailing Address 5130 WESCOTT BLVD

City
SUMMERVILLE

State
SC

Zip Code
29485-9043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346854

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOESE, JAMES, , ,

Mailing Address 2083 LEISURE WORLD

City
MESA

State
AZ

Zip Code
85206-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

229.10

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346808

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

55.72

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOESE, JAMES, , ,

Mailing Address 2083 LEISURE WORLD

City
MESA

State
AZ

Zip Code
85206-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346818

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOESE, JAMES, , ,

Mailing Address 2083 LEISURE WORLD

City
MESA

State
AZ

Zip Code
85206-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346822

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOESE, JAMES, , ,

Mailing Address 2083 LEISURE WORLD

City
MESA

State
AZ

Zip Code
85206-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

229.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347100

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

44.10

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

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

FOR LINE NUMBER: PAGE 115 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BORNTRAGER, ELSIE, , ,

Mailing Address 3219 MALLARD LANE

City
GOSHENState
INZip Code
46526-6196FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATURAL BODY BALANCEOccupation (for Individual)
NUTRITIONAL CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346843

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOSSOW, BRUCE, , ,

Mailing Address 353 MILDRED AVE.

City
CARYState
ILZip Code
60013-2919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346772

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOWLER, DONALD, , ,

Mailing Address P.O. BOX 8000 PMB 8089

City
SISTERSState
ORZip Code
97759-8000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2130.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346796

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

17.85

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRACHFELD, DONALD, , ,

Mailing Address 25 FOUR SEASONS DRIVE

City

NORTH CALDWELL

State

NJ

Zip Code

07006-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347008

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURGESS, BARBARA, , ,

Mailing Address 3177 CHERRY MEADOW PATH

City

LEXINGTON

State

KY

Zip Code

40509-8547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346790

Amount of Each Receipt this Period

8.75

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAVATAIO, MICHAEL, , ,

Mailing Address 6641 AUDUBON TRCE WEST

City

WEST PALM BEACH

State

FL

Zip Code

33412-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TERRA CREEK LLC

Occupation (for Individual)

REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

485.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346994

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

39.10

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAVATAIO, MICHAEL, , ,

Mailing Address 6641 AUDUBON TRCE WEST

City
WEST PALM BEACH

State
FL

Zip Code
33412-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TERRA CREEK LLC

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.15

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346996

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAVATAIO, MICHAEL, , ,

Mailing Address 6641 AUDUBON TRCE WEST

City
WEST PALM BEACH

State
FL

Zip Code
33412-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TERRA CREEK LLC

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.15

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346997

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CIACCIO, JANE, , ,

Mailing Address 5491 BEECHMONT AVENUE. APT 506

City
CINCINNATI

State
OH

Zip Code
45230-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

343.86

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347003

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

100.35

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

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

FOR LINE NUMBER: PAGE 118 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CIACCIO, JANE, , ,

Mailing Address 5491 BEECHMONT AVENUE. APT 506

City
CINCINNATIState
OHZip Code
45230-1160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347004

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEGNER, MICHAEL, , ,

Mailing Address 5800 COUNTRY CLUB DR.

City
FARMINGTONState
NMZip Code
87402-5195FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346765

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRELL, ROBERT, , ,

Mailing Address 651 BERING, 403

City
HOUSTONState
TXZip Code
77057-2100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
OIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346792

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

9.45

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 119 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346642

Amount of Each Receipt this Period

0.02

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346710

Amount of Each Receipt this Period

0.04

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346640

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

4.06

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

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

FOR LINE NUMBER: PAGE 120 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346641

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346643

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346644

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

18.00

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 121 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346645

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346646

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346647

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

4.30

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

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

FOR LINE NUMBER: PAGE 122 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346662

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346663

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346664

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 123 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346665

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346666

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346668

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.10

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

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

FOR LINE NUMBER: PAGE 124 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346669

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346671

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346672

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.10

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

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

FOR LINE NUMBER: PAGE 125 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346673

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346674

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346675

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.70

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 126 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, LOUISE, , ,

Mailing Address 4075 BROOKS MILL DRIVE

City
LITHONIA

State
GA

Zip Code
30038-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.09

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346824

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347037

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347039

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

8.85

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

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

FOR LINE NUMBER: PAGE 127 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARK

State
TX

Zip Code
77536-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347138

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEATH, THOMAS, , ,

Mailing Address 2807 MALLORY AVENUE NORTHWEST

City
HUNTSVILLE

State
AL

Zip Code
35810-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347130

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATH, THOMAS, , ,

Mailing Address 2807 MALLORY AVENUE NORTHWEST

City
HUNTSVILLE

State
AL

Zip Code
35810-4337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347131

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

35.10

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346983

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346985

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346987

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

30.35

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 129 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346988

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLBEN, MELVIN, , ,

Mailing Address 407 KATIELEE COVE, DALLAS, GA 3013

City
DALLAS

State
GA

Zip Code
13032-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.25

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346776

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPFENSBERGER, ANDREW, , ,

Mailing Address 4606 BOYNTON PLACE

City
MADISON

State
WI

Zip Code
53714-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

726.75

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346940

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

9.60

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

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

FOR LINE NUMBER: PAGE 130 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HORGOS, SARAH, , ,

Mailing Address 1056 MAHOOD RD.

City
WEST SUNBURY

State
PA

Zip Code
16061-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346811

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.53

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346698

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.53

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346702

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

28.85

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

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

FOR LINE NUMBER: PAGE 131 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KABELE, JEAN, , ,

Mailing Address 1120 W DREW ST

City
HOUSTONState
TXZip Code
77006-1222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346683

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINGSBURY, JOHN, , ,

Mailing Address 23303 W BOCANA ST.

City
MALIBUState
CAZip Code
90265-3031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346959

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKETT, JEAN, , ,

Mailing Address 2522 APPLEWOOD DRIVE

City
FREEHOLDState
NJZip Code
07728-3983FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347208

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCEState
ALZip Code
35630-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346927

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOGAN, VICKY, , ,

Mailing Address 729 WESTERLY DR.

City
BRANDONState
MSZip Code
39042-9547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.346826

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOVEJOY, BETTY, , ,

Mailing Address 5500 PINERIDGE DRIVE

City
ARLINGTONState
TXZip Code
76016-2855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347075

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

9.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346784

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURY

State
MA

Zip Code
02132-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTON

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346747

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURY

State
MA

Zip Code
02132-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTON

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

757.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346748

Amount of Each Receipt this Period

11.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

36.25

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 134 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346771

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346773

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346750

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

17.60

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

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

FOR LINE NUMBER: PAGE 135 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346760

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City
SPICEWOOD

State
TX

Zip Code
78669-1491

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346676

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347082

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

3.40

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 136 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347083

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347084

Amount of Each Receipt this Period

0.22

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORIARTY, JAMES, , ,

Mailing Address 9056 SYLVANIA METAMORA RD

City
SYLVANIA

State
OH

Zip Code
43560-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

387.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.346633

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

10.57

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

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

FOR LINE NUMBER: PAGE 137 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUNGER, LINDA, , ,

Mailing Address 2163 BRADY AVE

City
BURTONState
MIZip Code
48529-2426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.64

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2		

Transaction ID : SA17.346819

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIEMEYER, GREG, , ,

Mailing Address 7908 STANFORD

City
DALLASState
TXZip Code
75225-8210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOORE-HARALSONOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2		

Transaction ID : SA17.346821

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSONState
MIZip Code
49203-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.67

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2		

Transaction ID : SA17.347106

Amount of Each Receipt this Period

6.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

19.00

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

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

FOR LINE NUMBER: PAGE 138 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347107

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347108

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POOL, DONALD, , ,

Mailing Address 10429 SALINAS RIVER CIRCLE

City
FOUNTAIN VALLEY

State
CA

Zip Code
92708-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

527.00

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346816

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

25.10

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 139 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346903

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346905

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROOM, HERBERT, , ,

Mailing Address PRO BOX 601

City
DALLESPORT

State
WA

Zip Code
98617-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.05

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.346916

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

21.35

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 140 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346833

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STANLEY, NORVAL, , ,

Mailing Address 795 MAIN ST.

City
ACUSHNET

State
MA

Zip Code
02743-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BERGIES SFD INC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.36

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346689

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPHENS, GLENDA L., , ,

Mailing Address 4812 CHUMUCKLA HIGHWAY

City
PACE

State
FL

Zip Code
32571-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1017.39

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.346804

Amount of Each Receipt this Period

9.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

12.50

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 141 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347043

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347091

Amount of Each Receipt this Period

20.22

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347211

Amount of Each Receipt this Period

8192.66

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

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

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

20.37

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

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

FOR LINE NUMBER: PAGE 142 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. AAKHUS, PAUL, , ,

Mailing Address 112 ELM AVE P.O. BOX 53

City
ERSKINE

State
MN

Zip Code
56535-0053

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARADIS INC

Occupation (for Individual)
OTR DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.70

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347331

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARGUS, WALTER, , ,

Mailing Address 736 44TH PLACE SOUTH

City

BIRMINGHAM

State

AL

Zip Code

35222-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347242

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City

CLAYTON

State

NC

Zip Code

27520-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

590.87

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347421

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

70.00

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 143 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BALLMAN, BRUCE, , ,

Mailing Address 781 FURTH RD. NW

City
PALM BAY

State
FL

Zip Code
32907-7856

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DH PROCESS

Occupation (for Individual)
PROCESS SERVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347230

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENEDETTO, SUZANNE, , ,

Mailing Address 23 STRATTON

City
MIDDLETOWN

State
NY

Zip Code
10940-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAIN STREET TITLE SETTLEMENT SVCS

Occupation (for Individual)
CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.65

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347328

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENNETT, JAMES, , ,

Mailing Address 18922 146TH ST E

City
BONNEY LAKE

State
WA

Zip Code
98391-7553

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347393

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

350.00

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 144 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOBEE, THOMAS. G. , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347306

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOULWARE, MICHAEL, , ,

Mailing Address 502 EAST FORT AVENUE

City
BALTIMORE

State
MD

Zip Code
21230-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347354

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMPBELL, MICHAEL, , ,

Mailing Address 3353 RACHEL LANE

City
KATY

State
TX

Zip Code
77493-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347382

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

31.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTSState
CAZip Code
91745-4848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022**Transaction ID : SA17.347458**

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOK, DOUGLAS, , ,

Mailing Address 2518 OAK ALLEY BOULEVARD

City
MONROEState
LAZip Code
71201-3658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022**Transaction ID : SA17.347275**

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROW, DAVID, , ,

Mailing Address 4010 RAVENSWAY COURT

City
PEARLANDState
TXZip Code
77584-7780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022**Transaction ID : SA17.347255**

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

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

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

FOR LINE NUMBER: PAGE 146 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROW, DAVID, , ,

Mailing Address 4010 RAVENSWAY COURT

City
PEARLAND

State
TX

Zip Code
77584-7780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2022

Transaction ID : SA17.347256

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROW, DAVID, , ,

Mailing Address 4010 RAVENSWAY COURT

City
PEARLAND

State
TX

Zip Code
77584-7780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2022

Transaction ID : SA17.347257

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANIEL, RHONDA, , ,

Mailing Address 140 DANIEL CUTOFF

City
WOODLAND

State
GA

Zip Code
31836-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2022

Transaction ID : SA17.347221

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

170.00

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 147 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAZ, ZOILA, , ,

Mailing Address 1430 SOUTHWEST 15TH STREET

City
MIAMI

State
FL

Zip Code
33145-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347445

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRISKILL, TIMOTHY, , ,

Mailing Address 2940 E 45TH PLACE

City
TULSA

State
OK

Zip Code
74105-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INSURICA

Occupation (for Individual)
INS AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347353

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347347

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

524.00

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 148 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347348

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347350

Amount of Each Receipt this Period

22.76

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVANS, JULIE, , ,

Mailing Address 420 DESERT AIRE DR SW

City
MATTAWA

State
WA

Zip Code
99349-1961

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WGE

Occupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347434

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

127.76

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

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

FOR LINE NUMBER: PAGE 149 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FEHRENZ, V JOY, , ,

Mailing Address 3916 N POTSDAM AVE #594

City
SIOUX FALLSState
SDZip Code
57104-7048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347232

Amount of Each Receipt this Period

75.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FEHRENZ, V JOY, , ,

Mailing Address 3916 N POTSDAM AVE #594

City
SIOUX FALLSState
SDZip Code
57104-7048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347233

Amount of Each Receipt this Period

75.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIERACH, JOHN, , ,

Mailing Address 723 E. COLONIAL DR.

City
ORLANDOState
FLZip Code
32803-4662FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GIERACH AND GIERACH P.A.Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347311

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

175.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILBERTSON, ONDRA, , ,

Mailing Address 8719 CALLE QUEBRADA

City

RANCHO CUCAMONGA

State

CA

Zip Code

91730-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347355

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDMAN, FRED, , ,

Mailing Address 7433 HADDINGTON CV

City

LAKEWOOD RANCH

State

FL

Zip Code

34202-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

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
09		15		2022

Transaction ID : SA17.347344

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City

MARSEILLES

State

IL

Zip Code

61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347267

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

120.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347268

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347269

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLSTEEN, CRAIG, , ,

Mailing Address 1000 SKOKIE BLVD, # 448

City
NORTHBROOK

State
IL

Zip Code
60062-4154

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347253

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

140.00

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 152 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMILTON, EARL, , ,

Mailing Address 105 WINTER FOREST DRIVE

City
CANDLER

State
NC

Zip Code
28715-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347416

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMILTON, EARL, , ,

Mailing Address 105 WINTER FOREST DRIVE

City
CANDLER

State
NC

Zip Code
28715-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347417

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347376

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

210.00

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

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

FOR LINE NUMBER: PAGE 153 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAMES, JERRY, , ,

Mailing Address 409-42 AVE.

City
GREELEY

State
CO

Zip Code
80634-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O-I

Occupation (for Individual)
MOLD TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347326

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANTNER, JO ANN, , ,

Mailing Address 648 SILVERLEAF DRIVE

City
DAYTON

State
OH

Zip Code
45431-2944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347310

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KASPARECK, MARION, , ,

Mailing Address 17 EAST SHELL WAY

City
LAVALLETTE

State
NJ

Zip Code
08735-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347247

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

40.00

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

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

FOR LINE NUMBER: PAGE 154 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAIRD, JANET, , ,

Mailing Address 13031 SUNDANCE AVENUE

City
SAN DIEGO

State
CA

Zip Code
92129-2397

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347323

Amount of Each Receipt this Period

18.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECLERT, NADINE, , ,

Mailing Address 7900 SW 81STAVE TRLR 164

City
AMARILLO

State
TX

Zip Code
79119-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347431

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECLERT, NADINE, , ,

Mailing Address 7900 SW 81STAVE TRLR 164

City
AMARILLO

State
TX

Zip Code
79119-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347432

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

48.00

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

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

FOR LINE NUMBER: PAGE 155 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEGATE, DAVID, , ,

Mailing Address 21503 MILLHOUSE CIRCLE

City
HOUSTONState
TXZip Code
77073-1549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALORICAOccupation (for Individual)
CUSTOMER SVC OPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347447

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCEState
ALZip Code
35630-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347377

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCEState
ALZip Code
35630-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347378

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

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 156 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347379

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOVE, CARMON, , ,

Mailing Address 6825 ADVENT CIRCLE

City
TRUSSVILLE

State
AL

Zip Code
35173-2292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.90

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347316

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAKOUJY, JACK, , ,

Mailing Address 32 EAST 57TH STREET

City
NEW YORK

State
NY

Zip Code
10022-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHUYLER 4 LTD

Occupation (for Individual)
MENSWEAR WHOLESALE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347441

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1045.00

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

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

FOR LINE NUMBER: PAGE 157 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAYNARD, MARCI, , ,

Mailing Address 2708 SIERRA VISTA

City
BAKERSFIELD

State
CA

Zip Code
93306-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347380

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347297

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347298

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

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 158 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347299

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOREAU, MARY, , ,

Mailing Address 25057 RIVERWALK DR.

City
LEESBURGState
FLZip Code
34748-7403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347333

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOREAU, MARY, , ,

Mailing Address 25057 RIVERWALK DR.

City
LEESBURGState
FLZip Code
34748-7403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347362

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

80.00

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 159 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOREAU, MARY, , ,

Mailing Address 25057 RIVERWALK DR.

City
LEESBURG

State
FL

Zip Code
34748-7403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347371

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORIARTY, JAMES, , ,

Mailing Address 9056 SYLVANIA METAMORA RD

City
SYLVANIA

State
OH

Zip Code
43560-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347220

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NASH, CYNTHIA, , ,

Mailing Address 742 LAMBTON CIRCLE

City
LANCASTER

State
OH

Zip Code
43130-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347367

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 160 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, DAVID NELSON, , ,

Mailing Address 9250 MILLS AVE

City
WHITTIERState
CAZip Code
90603-1940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2		

Transaction ID : SA17.347409

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWELL, NANCY, , ,

Mailing Address 12710 CAPRICORNUS DR.

City
WILLISState
TXZip Code
77318-5114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2		

Transaction ID : SA17.347342

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALEState
PAZip Code
19446-6078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAXOccupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2		

Transaction ID : SA17.347352

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 161 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PREWITT, DENNIS, , ,

Mailing Address 1852 DAVIN DR.

City
GOSHENState
OHZip Code
45122-9733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STV INCORPORATEDOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	5		2	0	2	2		

Transaction ID : SA17.347244

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRINGLE, JAN, , ,

Mailing Address 7265 FALCON CREST DR.

City
REDMONDState
ORZip Code
97756-9292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	5		2	0	2	2		

Transaction ID : SA17.347324

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RHODES, PAMELA, , ,

Mailing Address 1853 E GLANCY DR.

City
DELTONAState
FLZip Code
32725-3557FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
0	9				1	5		2	0	2	2		

Transaction ID : SA17.347414

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 162 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTS, RISE, , ,

Mailing Address 8912 YARMOUTH ROAD

City
JACKSONVILLE

State
FL

Zip Code
32257-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.10

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347413

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINGLEY, WAYNE, , ,

Mailing Address 608 PINEWOOD DRIVE

City
ANNAPOLIS

State
MD

Zip Code
21401-7135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUTOMATION DYNAMICS INC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.05

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347289

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPANGLER, ROBIN, , ,

Mailing Address 822 TRIPLE CROWN CT

City
CLERMONT

State
FL

Zip Code
34711-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

371.14

Date of Receipt

09 / 15 / 2022

Transaction ID : SA17.347384

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

137.00

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 163 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPILLAR, TOMMY, , ,

Mailing Address 2725FM2001

City
BUDA

State
TX

Zip Code
78610-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAYS CONSOLIDATED ISD

Occupation (for Individual)
PLUMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347339

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAPLETON, DWIGHT, , ,

Mailing Address 5937 CHESTER LANE

City

MARYVILLE

State

TN

Zip Code

37801-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KCUD

Occupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.15

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347446

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRACK, CARLTON, , ,

Mailing Address 15624 LATSON STREET

City

HOUSTON

State

TX

Zip Code

77069-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

501.00

Date of Receipt

09 / **15** / **2022**

Transaction ID : SA17.347218

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 164 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRATTON, JAN M, , ,

Mailing Address 760 CAMINO ENCANTADO

City
LOS ALAMOS

State
NM

Zip Code
87544-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347238

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, LAURA, , ,

Mailing Address 5130 MOUNTAIN TOP CIRCLE

City
LAS VEGAS

State
NV

Zip Code
89148-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347241

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMA

State
AZ

Zip Code
85367-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2022

Transaction ID : SA17.347325

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

155.00

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

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

FOR LINE NUMBER: PAGE 165 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347327

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALKER, LYMAN, , ,

Mailing Address 47 JAMESTOWN DRIVE

City
SEARCYState
ARZip Code
72143-7112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347386

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBBER, JIM, , ,

Mailing Address 4208 BRIARGROVE LANE

City
DALLASState
TXZip Code
75287-6603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRYKEROccupation (for Individual)
SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347341

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 166 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISS, HOWARD, , ,

Mailing Address 1101 IROQUOUS AVE APT 1120

City
NAPERVILLEState
ILZip Code
60563-9371FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ESSER HAYESOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347390

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINKLER, DONALD, , ,

Mailing Address 13703 SE LOST LITTLE DR.

City
PRINEVILLEState
ORZip Code
97754-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347356

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOTEN, MOLLY, , ,

Mailing Address 1849 RAINBOW ROAD

City
BISMARCKState
ARZip Code
71929-6739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

745.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347317

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

60.00

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

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

FOR LINE NUMBER: PAGE 167 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOTEN, MOLLY, , ,

Mailing Address 1849 RAINBOW ROAD

City
BISMARCKState
ARZip Code
71929-6739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347318

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOTEN, MOLLY, , ,

Mailing Address 1849 RAINBOW ROAD

City
BISMARCKState
ARZip Code
71929-6739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347321

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WORNOM, SUSANNAH, , ,

Mailing Address 36 SPOTTSWOOD LANE

City
NEWPORT NEWSState
VAZip Code
23606-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2022

Transaction ID : SA17.347262

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

35.00

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 168 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347460

Amount of Each Receipt this Period

2283.34

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BASHAM, BRIAN, , ,

Mailing Address 1613 HIGH MEADOWS DR.

City
NORMANState
OKZip Code
73071-7428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347594

Amount of Each Receipt this Period

0.17

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOBEE, THOMAS. G, , ,

Mailing Address 8167 GARY AVE

City
WESTLANDState
MIZip Code
48185-7083FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347946

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

2.17

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 169 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOBEE, THOMAS. G. , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347947

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347472

Amount of Each Receipt this Period

0.30

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347474

Amount of Each Receipt this Period

0.30

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.85

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

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

FOR LINE NUMBER: PAGE 170 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BREWER, VAN B, , ,

Mailing Address 4590 S DANYELL DR.

City
CHANDLERState
AZZip Code
85249-2630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347652

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSONState
AZZip Code
85704-6924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347961

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARKState
ARZip Code
72949-8145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347925

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

1.45

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 171 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.347653

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIREState
GAZip Code
31005-4033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.347852

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORY, JAY, , ,

Mailing Address 435 WILLOW VISTA DRIVE

City
EL LAGOState
TXZip Code
77586-6019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.347693

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.72

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 172 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347526

Amount of Each Receipt this Period

0.18

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347531

Amount of Each Receipt this Period

0.18

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347535

Amount of Each Receipt this Period

9.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

9.36

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 173 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTEState
CAZip Code
92673-6843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347539

Amount of Each Receipt this Period

9.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOODState
WVZip Code
26164-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347606

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347622

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

12.35

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 174 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347624

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347632

Amount of Each Receipt this Period

0.24

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORBES, GRAHAM, , ,

Mailing Address 300 S VAL VISTA DV #266 COTTONWOOD

City
MESA

State
AZ

Zip Code
85204-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

263.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347971

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

7.24

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 175 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORBES, GRAHAM, , ,

Mailing Address 300 S VAL VISTA DV #266 COTTONWOOD

City
MESA

State
AZ

Zip Code
85204-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347973

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORBES, GRAHAM, , ,

Mailing Address 300 S VAL VISTA DV #266 COTTONWOOD

City
MESA

State
AZ

Zip Code
85204-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347976

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347856

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

2.74

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

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

FOR LINE NUMBER: PAGE 176 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILBERTSON, ONDRA, , ,

Mailing Address 8719 CALLE QUEBRADA

City
RANCHO CUCAMONGA

State
CA

Zip Code
91730-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347564

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347503

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347505

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.65

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

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

FOR LINE NUMBER: PAGE 177 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, LOUISE, , ,

Mailing Address 4075 BROOKS MILL DRIVE

City
LITHONIAState
GAZip Code
30038-4143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.09

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347950

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARBAUGH, JON, , ,

Mailing Address 304 EISENHOWER STREET

City
FARRAGUTState
TNZip Code
37934-0960FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.348038

Amount of Each Receipt this Period

1.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARKState
TXZip Code
77536-4777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.348033

Amount of Each Receipt this Period

0.05

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.20

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 178 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRIMAN, NANCY, , ,

Mailing Address P.O. BOX 549

City
WOODACRE

State
CA

Zip Code
94973-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.05

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347840

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347756

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347757

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

9.65

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRAEMER, FLOYD, , ,

Mailing Address 2333 CARLING DRIVE

City
MADISONState
WIZip Code
53711-4455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347662

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURYState
MAZip Code
02132-3501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTONOccupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347975

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURYState
MAZip Code
02132-3501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTONOccupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

757.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347977

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

4.45

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 180 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCVANEY, CAROLE, , ,

Mailing Address 1201 GREEN OAKS DR.

City
GREENWOOD VILLAGE

State
CO

Zip Code
80121-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347597

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.377305

Amount of Each Receipt this Period

- 0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347631

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 181 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, DAVID NELSON, , ,

Mailing Address 9250 MILLS AVE

City
WHITTIERState
CAZip Code
90603-1940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347556

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTONState
OHZip Code
44720-8168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISESOccupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347822

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PECORA, VIRGINIA, , ,

Mailing Address 86 MONTEREY GARDENS

City
NANUETState
NYZip Code
10954-1539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1161.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.347706

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

18.10

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 182 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYTHEON

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.85

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347483

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City

PALM COAST

State

FL

Zip Code

32137-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347501

Amount of Each Receipt this Period

0.03

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHMIDT, STEVEN, , ,

Mailing Address 14718 SE 172ND

City

RENTON

State

WA

Zip Code

98058-8701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

319.25

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347713

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.48

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

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

FOR LINE NUMBER: PAGE 183 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIKES, SCOTT, , ,

Mailing Address 2820 HEATHER RD

City
LONG BEACHState
CAZip Code
90815-1049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMPLETE EXAMINATIONS, INCOccupation (for Individual)
EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347752

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPANGLER, ROBIN, , ,

Mailing Address 822 TRIPLE CROWN CT

City
CLERMONTState
FLZip Code
34711-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347965

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOWState
VAZip Code
20136-2532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.347980

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

0.43

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 184 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEPHENS, GLENDA L., , ,

Mailing Address 4812 CHUMUCKLA HIGHWAY

City
PACEState
FLZip Code
32571-1830FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.347820

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City

SHENANDOAH

State

TX

Zip Code

77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.347643

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City

SHENANDOAH

State

TX

Zip Code

77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.347645

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

12.15

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 185 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAH

State
TX

Zip Code
77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347647

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348034

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALRAVEN, MARY, , ,

Mailing Address P O BOX 189

City
THROCKMORTON

State
TX

Zip Code
76483-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

392.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.347701

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.75

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 186 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALSH, EILEEN, , ,

Mailing Address 50-23 41ST ST

City
QUEENS

State
NY

Zip Code
11104-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347772

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, JIMMY, , ,

Mailing Address 1075 MOTORCOACH DRIVE

City
POLK CITY

State
FL

Zip Code
33868-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.46

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.347774

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348080

Amount of Each Receipt this Period

11137.81

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

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

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

20.15

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

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

FOR LINE NUMBER: PAGE 187 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLISON, SHIRLEY, , ,

Mailing Address 2304 JUANITA AVENUE

City
SAN ANGELOState
TXZip Code
76901-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.65

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	16	2022

Transaction ID : SA17.348202

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, CHRIS, , ,

Mailing Address 116 PARK AVE

City
CUMBERLANDState
MDZip Code
21502-7100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.45

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	16	2022

Transaction ID : SA17.348224

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGASState
NVZip Code
89183-6210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	16	2022

Transaction ID : SA17.348122

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

175.00

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 188 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGAS

State
NV

Zip Code
89183-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348123

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGAS

State
NV

Zip Code
89183-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348124

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGAS

State
NV

Zip Code
89183-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348125

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

300.00

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 189 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGAS

State
NV

Zip Code
89183-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348126

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEHRENS, B. ANTHONY, , ,

Mailing Address 14555 HWY 163

City
HARRISBURG

State
AR

Zip Code
72432-9026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.20

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348119

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BERRY, MARILYN, , ,

Mailing Address 40242 E LOUISIANA DR.

City
BENNETT

State
CO

Zip Code
80102-8436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1351.35

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348196

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

205.00

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 190 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERRY, MARILYN, , ,

Mailing Address 40242 E LOUISIANA DR.

City
BENNETT

State
CO

Zip Code
80102-8436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1351.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348382

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOBEE, THOMAS. G, , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348170

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADEN, ANNETTE, , ,

Mailing Address 10710 MIRASOL DRIVE. BLDG.701

City
MIROMAR LAKES

State
FL

Zip Code
33913-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

571.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348326

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

145.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 191 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUMBAUGH, PHILIP, , ,

Mailing Address 108 PHILIP DR.

City
WEST MILTONState
OHZip Code
45383-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.348090

Amount of Each Receipt this Period

18.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAPOZZI, MARYELLEN, , ,

Mailing Address 264 BARN HILL ROAD

City
MONROEState
CTZip Code
06468-2015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.348344

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIREState
GAZip Code
31005-4033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.348234

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

88.00

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

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

FOR LINE NUMBER: PAGE 192 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSON, JOSEPH, , ,

Mailing Address 345 HUBBARD LANE

City
CRETE

State
IL

Zip Code
60417-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.80

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348423

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANG, JULIA, , ,

Mailing Address 2917 JEFFREY LANE

City
MIDLAND

State
MI

Zip Code
48640-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348096

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVE, , ,

Mailing Address 8673 WEST FAWN BROOK STREET

City
BOISE

State
ID

Zip Code
83714-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6341.95

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348157

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

155.00

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

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

FOR LINE NUMBER: PAGE 193 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOMBES, JIM, , ,

Mailing Address 7031 BEACH DR. S W

City
SEATTLEState
WAZip Code
98136-2095FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348199

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUSICK, ROBERT, , ,

Mailing Address 4722 SOUTHWEST DOSCH PARK LANE

City
PORTLANDState
ORZip Code
97239-1284FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348427

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVENPORT, PAUL, , ,

Mailing Address 124 ALDERSGATE DR.

City
JACKSONVILLEState
NCZip Code
28546-5847FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348112

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 194 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOWNEY, ROBERT, , ,

Mailing Address 2931 TAMARACK TRAIL

City
ROANOKE

State
VA

Zip Code
24018-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348335

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOWNEY, ROBERT, , ,

Mailing Address 2931 TAMARACK TRAIL

City
ROANOKE

State
VA

Zip Code
24018-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348337

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOWNEY, ROBERT, , ,

Mailing Address 2931 TAMARACK TRAIL

City
ROANOKE

State
VA

Zip Code
24018-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348338

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 195 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOODState
WVZip Code
26164-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348277

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLIS, CHARLES, , ,

Mailing Address 2620 BLUEBERRY DRIVE

City
AUGUSTAState
GAZip Code
30906-3697FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348445

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FEDYNA, LORRAINE, , ,

Mailing Address 81 MAIN ST.

City
SOUTHPORTState
CTZip Code
06890-1322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
OPTOMETRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348174

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

85.00

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

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

FOR LINE NUMBER: PAGE 196 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM, , ,

Mailing Address 413KRIDTEN DT

City

ES SPRING HILL

State

TN

Zip Code

37174-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348347

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM, , ,

Mailing Address 413KRIDTEN DT

City

ES SPRING HILL

State

TN

Zip Code

37174-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348348

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM, , ,

Mailing Address 413KRIDTEN DT

City

ES SPRING HILL

State

TN

Zip Code

37174-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348349

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

535.00

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 197 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM, , ,

Mailing Address 413KRIDTEN DT

City

ES SPRING HILL

State

TN

Zip Code

37174-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348350

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM, , ,

Mailing Address 413KRIDTEN DT

City

ES SPRING HILL

State

TN

Zip Code

37174-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348351

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, WILLIAM, , ,

Mailing Address 381 SANTA PAULA

City

SAN LEANDRO

State

CA

Zip Code

94579-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348143

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 198 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLORES, ELVYN PEREZ, , ,

Mailing Address 1145 NW 45 ST MIAMI FL

City
MIAMIState
FLZip Code
33127-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFEMPLOMENTOccupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348101

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRALEY, DAVID, , ,

Mailing Address 28 LINCOLN DRIVE

City

NORTH SMITHFIELD

State

RI

Zip Code

02896-6956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348097

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANCO, JAMES, , ,

Mailing Address 14049 INGLENOOK LANE

City

CARMEL

State

IN

Zip Code

46032-7089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		16		2022

Transaction ID : SA17.348261

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

210.00

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 199 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEE

State
WI

Zip Code
54455-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348156

Amount of Each Receipt this Period

7.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348401

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348402

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

27.00

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

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

FOR LINE NUMBER: PAGE 200 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348403

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348404

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348405

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 201 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348406

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348118

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348120

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 202 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348128

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348131

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348292

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

40.00

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

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

FOR LINE NUMBER: PAGE 203 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOVIN, RONALD, , ,

Mailing Address 11507 CERCA DEL RIO PL

City
TAMPA

State
FL

Zip Code
33617-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348327

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, DAVID, , ,

Mailing Address 603 GEAR STREET

City
RENO

State
NV

Zip Code
89503-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348245

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUERRERO, FEDERICO, , ,

Mailing Address 2082 BENTWOOD DRIVE

City
FLORESVILLE

State
TX

Zip Code
78114-6728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348210

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

140.00

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 204 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HACKER, ELEANOR, , ,

Mailing Address 2413 N ASHTON PL

City
MESAState
AZZip Code
85215-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348154

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALLSTEEN, CRAIG, , ,

Mailing Address 1000 SKOKIE BLVD, # 448

City
NORTHBROOKState
ILZip Code
60062-4154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348339

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, RANDALL, , ,

Mailing Address 6120 WILDCAT RUN

City
WEST PALM BEACHState
FLZip Code
33412-3007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

708.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348091

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 205 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAMMES, GREGORY, , ,

Mailing Address 8147 BUTTERCUP STREET

City
JACKSONVILLE

State
FL

Zip Code
32210-6603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCALLISTER

Occupation (for Individual)
MERCHANT MARINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348172

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLE

State
WA

Zip Code
98112-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348183

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANGSTON, JOANE, , ,

Mailing Address 22840 BRANCH COURT

City
TEHACHAPI

State
CA

Zip Code
93561-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348324

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

55.00

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

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

FOR LINE NUMBER: PAGE 206 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEONARD, LUANNE, , ,

Mailing Address 36560 SAGUARO COURT

City

RANCHO MIRAGE

State

CA

Zip Code

92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2357.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.348298

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTINO, VICKIE, , ,

Mailing Address 2200 LATHAM ST

City

BAKERSFIELD

State

CA

Zip Code

93306-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.348241

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MASSEY, STEVEN, , ,

Mailing Address 11277 S 274 E AVE

City

COWETA

State

OK

Zip Code

74429-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Transaction ID : SA17.348107

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

345.00

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

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

FOR LINE NUMBER: PAGE 207 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.348218

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCINERNEY, REGINA, , ,

Mailing Address POBOX 1128

City
INDIAN SPRINGSState
NVZip Code
89018-1128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.348380

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, JANICE, , ,

Mailing Address 568 SMITH ROAD

City
FAIRHOPEState
PAZip Code
15538-2116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2022

Transaction ID : SA17.348388

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 208 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOODY, TIM, , ,

Mailing Address 7. GROW LN

City
STREAMWOOD

State
IL

Zip Code
60107-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOE H

Occupation (for Individual)
SHEET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.85

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348168

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUELLER, CHRISTINE, , ,

Mailing Address 1743 BOULDER DR.

City
DARIEN

State
IL

Zip Code
60561-5922

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.47

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348215

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MULLEN, JEAN, , ,

Mailing Address 8882 ESTATE DR.

City
WEST PALM BEACH

State
FL

Zip Code
33411-6540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

321.09

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348373

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

82.50

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

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

FOR LINE NUMBER: PAGE 209 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348306

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348307

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348417

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

160.00

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 210 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2022

Transaction ID : SA17.348418

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2022

Transaction ID : SA17.348419

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2022

Transaction ID : SA17.348420

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

310.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 211 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348239

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAMERLEAU, SUSAN, , ,

Mailing Address 230 DWYER AVE, #1102

City
SAN ANTONIO

State
TX

Zip Code
78204-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPT OF JUSTICE

Occupation (for Individual)
LAW ENFORCEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348268

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POPOVICH, LAUREL, , ,

Mailing Address 60 MORGAN ROAD

City
SALEM

State
CT

Zip Code
06420-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348343

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

90.00

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

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

FOR LINE NUMBER: PAGE 212 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POULTON, STEVE, , ,

Mailing Address 4524 SOUTH BRIARCREEK DRIVE

City
SALT LAKE CITYState
UTZip Code
84117-4573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
POULTON INSOccupation (for Individual)
INS AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348346

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RADKE, JAY, , ,

Mailing Address 3213 DUKE ST. #722

City
ALEXANDRIAState
VAZip Code
22314-4533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPARTMENT OF COMMERCEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348258

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RADKE, JAY, , ,

Mailing Address 3213 DUKE ST. #722

City
ALEXANDRIAState
VAZip Code
22314-4533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPARTMENT OF COMMERCEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348259

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 213 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. REYNOLDS, VICKI, , ,

Mailing Address 11016 WEST 125TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66213-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.35

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348278

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REYNOLDS, VICKI, , ,

Mailing Address 11016 WEST 125TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66213-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.35

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348280

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REYNOLDS, VICKI, , ,

Mailing Address 11016 WEST 125TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66213-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1021.35

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348281

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 214 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. REYNOLDS, VICKI, , ,

Mailing Address 11016 WEST 125TH STREET

City

OVERLAND PARK

State
KS

Zip Code

66213-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.35

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348282

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIGSBY, FRANK, , ,

Mailing Address 3339 HADEN ROAD

City

HOUSTON

State

TX

Zip Code

77015-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348139

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBERTS, AMY, , ,

Mailing Address 10030 LEDGE STONE DRIVE

City

MC GREGOR

State

TX

Zip Code

76657-4167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JEFF HUNTER TOYOTA

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348293

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 215 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROCK, CAROLYN, , ,

Mailing Address 411 BELLARMINE DR. W

City
JOLIET

State
IL

Zip Code
60436-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.60

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348455

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROCK, CAROLYN, , ,

Mailing Address 411 BELLARMINE DR. W

City
JOLIET

State
IL

Zip Code
60436-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.60

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348456

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROCK, CAROLYN, , ,

Mailing Address 411 BELLARMINE DR. W

City
JOLIET

State
IL

Zip Code
60436-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

705.60

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348457

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

45.00

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

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

FOR LINE NUMBER: PAGE 216 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROCK, CAROLYN, , ,

Mailing Address 411 BELLARMINE DR. W

City
JOLIETState
ILZip Code
60436-1805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2022

Transaction ID : SA17.348458

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABADIE, CARLOS, , ,

Mailing Address 1641 VELA COVE

City
SLIDELLState
LAZip Code
70458-6219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2022

Transaction ID : SA17.348222

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPP, MARY, , ,

Mailing Address 1305 BERON DR.

City
METAIRIEState
LAZip Code
70003-5513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

948.05

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		16		2022

Transaction ID : SA17.348361

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

55.00

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

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

FOR LINE NUMBER: PAGE 217 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKON

State
OK

Zip Code
73099-5781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.30

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348236

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEIFERT, MARK W, , ,

Mailing Address 18025 FAIRMOUNT ROAD

City

TONGANOXIE

State

KS

Zip Code

66086-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEIFERTS FLOORING INC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348227

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAVER, DOUG, , ,

Mailing Address 602 CATRON ST

City

MARION

State

VA

Zip Code

24354-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROYAL BUILDING PRO.

Occupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.50

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348257

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 218 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAVER, DOUG, , ,

Mailing Address 602 CATRON ST

City
MARION

State
VA

Zip Code
24354-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROYAL BUILDING PRO.

Occupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.50

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348266

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAVER, DOUG, , ,

Mailing Address 602 CATRON ST

City
MARION

State
VA

Zip Code
24354-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROYAL BUILDING PRO.

Occupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.50

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348267

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, ADELINE, , ,

Mailing Address 2313 SHOSHONE DR.

City
BISHOP

State
CA

Zip Code
93514-8048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348391

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 219 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, CHESTER, , ,

Mailing Address 2060 WHEELER LANE

City
SAINT JOHNS

State
FL

Zip Code
32259-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348333

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, CHESTER, , ,

Mailing Address 2060 WHEELER LANE

City
SAINT JOHNS

State
FL

Zip Code
32259-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348334

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, KAREN, , ,

Mailing Address 12218 LAKE VALLEY DR.

City
CLERMONT

State
FL

Zip Code
34711-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIFFANYBLUE

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348289

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

190.00

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

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

FOR LINE NUMBER: PAGE 220 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348436

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348437

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

Transaction ID : SA17.348438

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

50.00

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

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

FOR LINE NUMBER: PAGE 221 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348439

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348440

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348441

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 222 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPIEGL, PETER, , ,

Mailing Address W7106 PULS FARM PLACE

City
GREENVILLE

State
WI

Zip Code
54942-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348410

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, SUSAN, , ,

Mailing Address P.O. BOX 5853

City
EAGLE

State
CO

Zip Code
81631-5853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOUBLE DUTCH DESIGNS LLC

Occupation (for Individual)
GRAPHIC ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348148

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANY

State
OR

Zip Code
97322-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

826.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348446

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

180.00

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

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

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

FOR LINE NUMBER: PAGE 223 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOWNSEND, SHARON, , ,

Mailing Address 1329 CARVER MILL ROAD

City
TALKING ROCKState
GAZip Code
30175-3613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348273

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOWNSEND, SHARON, , ,

Mailing Address 1329 CARVER MILL ROAD

City
TALKING ROCKState
GAZip Code
30175-3613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348374

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348093

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 224 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTE

State
TX

Zip Code
77531-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.20

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348115

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348299

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, WILLIAM, , ,

Mailing Address 3420 BLACKBURN ST

City
DALLAS

State
TX

Zip Code
75219-4434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

09 / 16 / 2022

Transaction ID : SA17.348354

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

122.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 225 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, WILLIAM, , ,

Mailing Address 3420 BLACKBURN ST

City
DALLASState
TXZip Code
75219-4434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2022

Transaction ID : SA17.348356

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348459

Amount of Each Receipt this Period

572.69

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348942

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

101.00

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

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

FOR LINE NUMBER: PAGE 226 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BELL, ANGELA, , ,**

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348698

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BERKGREN, GARRY D, , ,**

Mailing Address 122 PLUM AVE

City
OAKLEY

State
KS

Zip Code
67748-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5937.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348952

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BERNHARD, ANN B., , ,**

Mailing Address 22390 EAST YORKSHIRE DRIVE

City
ATHENS

State
AL

Zip Code
35613-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348665

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

0.95

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 227 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARY, KATHARINE, , ,

Mailing Address 276 NORTHLAKE DRIVE

City
COLDWATERState
MIZip Code
49036-8661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348916

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CATANO, EVELYN, , ,

Mailing Address 33600 GLOBE DRIVE

City
SPRINGVILLEState
CAZip Code
93265-9721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348944

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLAYBAUGH, WILLIAM J, , ,

Mailing Address 56641 858TH RD

City
CARROLLState
NEZip Code
68723-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TWJ FARMSOccupation (for Individual)
FARMER/RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

953.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348895

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.65

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

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

FOR LINE NUMBER: PAGE 228 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAIG, DENISE, , ,

Mailing Address 2855 SPRING LAKE ROAD SOUTHWEST

City
PRIOR LAKE

State
MN

Zip Code
55372-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3655.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348704

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CYR, RICHARD, , ,

Mailing Address 537 BILLINGS ROAD

City
HERMON

State
ME

Zip Code
04401-0801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348719

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EARP, BONNIE, , ,

Mailing Address 625 OLAND STREET

City
RUCKERSVILLE

State
VA

Zip Code
22968-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348546

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

6.35

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 229 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FABRETTI, RONALD, , ,

Mailing Address 1205 HONEOYE FALLS FIVE PT RD

City
HONEOYE FALLSState
NYZip Code
14472-9046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GETINGE ABOccupation (for Individual)
SERVICE TECH II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348939

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIESLER, JOAN, , ,

Mailing Address 34 TWIN COURT

City
MANAHAWKINState
NJZip Code
08050-3184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348610

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIESLER, JOAN, , ,

Mailing Address 34 TWIN COURT

City
MANAHAWKINState
NJZip Code
08050-3184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348878

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

2.75

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

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

FOR LINE NUMBER: PAGE 230 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESLER, JOAN, , ,

Mailing Address 34 TWIN COURT

City
MANAHAWKINState
NJZip Code
08050-3184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348881

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLESState
ILZip Code
61341-1594FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348825

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLESState
ILZip Code
61341-1594FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348827

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

3.05

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 231 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINA

State
NC

Zip Code
27526-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348635

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HACKER, ELEANOR, , ,

Mailing Address 2413 N ASHTON PL

City
MESA

State
AZ

Zip Code
85215-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348951

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, JENNY, , ,

Mailing Address 414 PELHAM RD

City
FORT WALTON BEACH

State
FL

Zip Code
32547-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.60

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348941

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.55

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

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

FOR LINE NUMBER: PAGE 232 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANCOCK, TERRY, , ,

Mailing Address 1713 MILL STREET

City
CAMDENState
SCZip Code
29020-2730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348853

Amount of Each Receipt this Period

0.40

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARKState
TXZip Code
77536-4777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348934

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City
WARNER ROBINSState
GAZip Code
31088-2607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348932

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.65

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

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

FOR LINE NUMBER: PAGE 233 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEUSSER, SYDNEY, , ,

Mailing Address P. I. BOX1658

City
DAWSONVILLE

State
GA

Zip Code
30534-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348514

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUEL

State
CA

Zip Code
92607-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348589

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUEL

State
CA

Zip Code
92607-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348590

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

20.35

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 234 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348592

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348593

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348595

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

55.00

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 235 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348596

Amount of Each Receipt this Period

0.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348597

Amount of Each Receipt this Period

0.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHELL, GLENN, , ,

Mailing Address 6301 JACK RABBIT JCT

City
FARMINGTONState
NMZip Code
87402-8797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
(MTC) MED TRANSOccupation (for Individual)
HELICOPTER AIR AMBULANCE PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

413.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348793

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

1.75

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 236 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANG, JAMES, , ,

Mailing Address 1117 ARTISAN DR

City
MADISON

State
WI

Zip Code
53704-6493

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USPS

Occupation (for Individual)
MAILHANDLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.85

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348571

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLE

State
WA

Zip Code
98112-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348664

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, STUART, , ,

Mailing Address 1575 ROBSHEAL DRIVE

City
SAN JOSE

State
CA

Zip Code
95125-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HI DEF AUDIO VIDEO

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.20

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348780

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.65

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

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

FOR LINE NUMBER: PAGE 237 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEONARD, LUANNE, , ,

Mailing Address 36560 SAGUARO COURT

City

RANCHO MIRAGE

State

CA

Zip Code

92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2357.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348479

Amount of Each Receipt this Period

1.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEONARD, LUANNE, , ,

Mailing Address 36560 SAGUARO COURT

City

RANCHO MIRAGE

State

CA

Zip Code

92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2357.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348480

Amount of Each Receipt this Period

1.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.25

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348530

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

3.05

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

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

FOR LINE NUMBER: PAGE 238 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348534

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348821

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348483

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

4.40

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 239 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348484

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348485

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City
SPICEWOODState
TXZip Code
78669-1491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

693.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348620

Amount of Each Receipt this Period

0.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

10.75

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 240 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.377312

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348583

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348831

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

2.00

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

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

FOR LINE NUMBER: PAGE 241 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348833

Amount of Each Receipt this Period

2.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348834

Amount of Each Receipt this Period

2.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348837

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

4.15

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

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

FOR LINE NUMBER: PAGE 242 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PORACH, BARBARA, , ,

Mailing Address 200 KINGFISHER WAY, COLONIAL HGTS,

City
COLONIAL HEIGHTS

State
VA

Zip Code
23834-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348531

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REED, ROGER, , ,

Mailing Address 3240 HWY 521 S.

City
SUMTER

State
SC

Zip Code
29153-9125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348684

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RESLER, BARBARA, , ,

Mailing Address 487 VIKING DRIVE EAST

City
LITTLE CANADA

State
MN

Zip Code
55117-1662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SECURIAN

Occupation (for Individual)
SUPPORT UW

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

229.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348520

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.40

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

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

FOR LINE NUMBER: PAGE 243 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALEState
NYZip Code
11735-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348561

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKONState
OKZip Code
73099-5781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348802

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKONState
OKZip Code
73099-5781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

613.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348803

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

1.80

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

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

FOR LINE NUMBER: PAGE 244 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEAMAN, CAROLYN, , ,

Mailing Address 10594 ALLCHIN RD

City
FENWICKState
MIZip Code
48834-9707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348871

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEAFFER, SYLVIA, , ,

Mailing Address 1524 ESBENSHADE ROAD

City
LANCASTERState
PAZip Code
17601-4450FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348558

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEAFFER, SYLVIA, , ,

Mailing Address 1524 ESBENSHADE ROAD

City
LANCASTERState
PAZip Code
17601-4450FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348560

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.25

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 245 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEAFFER, SYLVIA, , ,

Mailing Address 1524 ESBENSHADE ROAD

City
LANCASTER

State
PA

Zip Code
17601-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348562

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPANGLER, ROBIN, , ,

Mailing Address 822 TRIPLE CROWN CT

City
CLERMONT

State
FL

Zip Code
34711-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.14

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348856

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

544.88

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348915

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.60

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

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

FOR LINE NUMBER: PAGE 246 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRACY, GEORGE, , ,

Mailing Address 4938 OVERLOOK DR.

City
OCEANSIDEState
CAZip Code
92057-8001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348921

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348695

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348696

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.80

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 247 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348699

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348905

Amount of Each Receipt this Period

3.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348906

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

8.15

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 248 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.348907

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.348908

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.348909

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

12.85

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

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

FOR LINE NUMBER: PAGE 249 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348904

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZANIOS, JAMES (JIM), , ,

Mailing Address P.O. BOX 7005

City
ALBUQUERQUE

State
NM

Zip Code
87194-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348709

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.348801

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

0.70

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

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

FOR LINE NUMBER: PAGE 250 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348954

Amount of Each Receipt this Period

7368.99

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANGELILLO, GARY, , ,

Mailing Address 148 EARL STREET

City
WESTBURYState
NYZip Code
11590-2945FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349210

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMSTRONG, ERNESTINE, , ,

Mailing Address 4152 LAWHON CT,

City
TUCKERState
GAZip Code
30084-6452FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

353.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349008

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

50.00

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 251 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLEState
ILZip Code
60532-3219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349055

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349145

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349146

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

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 252 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BALL, PHILLIP, , ,

Mailing Address 923 BERKELEY PLACE

City
RICHARDSON

State
TX

Zip Code
75081-5203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZLAN

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348966

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARON, EMMA, , ,

Mailing Address 24537 2ND STREET

City
HAYWARD

State
CA

Zip Code
94541-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOSPICEEASTBAY

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349231

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BASTOUNES, ATHANASIA CINDY, , ,

Mailing Address 1005 BUTTERNUT LANE

City
MOUNT PROSPECT

State
IL

Zip Code
60056-6357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIGHTY CAKE COMPANY

Occupation (for Individual)
BAKERY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.35

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349014

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 253 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BASTOUNES, ATHANASIA CINDY, , ,

Mailing Address 1005 BUTTERNUT LANE

City
MOUNT PROSPECT

State
IL

Zip Code
60056-6357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIGHTY CAKE COMPANY

Occupation (for Individual)
BAKERY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.35

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349016

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEGLEY, LINDA, , ,

Mailing Address 403 ROYALE COURT

City
TROY

State
NY

Zip Code
12180-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349215

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEHRENS, B. ANTHONY, , ,

Mailing Address 14555 HWY 163

City
HARRISBURG

State
AR

Zip Code
72432-9026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

377.20

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349234

Amount of Each Receipt this Period

31.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

86.00

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

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

FOR LINE NUMBER: PAGE 254 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOBEE, THOMAS. G. , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349099

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349237

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAPOZZI, MARYELLEN, , ,

Mailing Address 264 BARN HILL ROAD

City
MONROE

State
CT

Zip Code
06468-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349195

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 255 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARLTON, RACHAEL, , ,

Mailing Address 8761 STATE RD 78W LOT 50

City

OKEECHOBEE

State

FL

Zip Code

34974-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1186.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349017

Amount of Each Receipt this Period

40.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARRESCIA, ROBERT, , ,

Mailing Address 9515 W. WHITTINGHAM POINT

City

MAPLETON

State

IL

Zip Code

61547-9329

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349188

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CERILLO, GRACE, , ,

Mailing Address 2881 CHESSMAN DRIVE SE

City

RIO RANCHO

State

NM

Zip Code

87124-7261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349182

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

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 256 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLDState
GAZip Code
30736-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349119

Amount of Each Receipt this Period

2.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLDState
GAZip Code
30736-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349121

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLDState
GAZip Code
30736-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349122

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

42.00

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 257 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COONLY, JOHN, , ,

Mailing Address 300 WEST AVE APT 2326

City
AUSTINState
TXZip Code
78701-3808FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1782.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349176

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVILA, ROBERT, , ,

Mailing Address 716 ASCAN ROAD

City

FRANKLIN SQUARE

State

NY

Zip Code

11010-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349095

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, CYNTHIA, , ,

Mailing Address 32764 RIDGE TOP LANE

City

CASTAIC

State

CA

Zip Code

91384-3082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

364.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349038

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

80.00

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

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

FOR LINE NUMBER: PAGE 258 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEAVER, ROY, , ,

Mailing Address P.O. BOX 41

City
RHOMEState
TXZip Code
76078-0041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349123

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349223

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVERETT, WILLIAM, , ,

Mailing Address 107 WOODBURN DRIVE

City

HAMPTON

State

VA

Zip Code

23664-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2152.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348955

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

160.00

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

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

FOR LINE NUMBER: PAGE 259 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM, , ,

Mailing Address 4013 KRISTEN ST

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349106

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349110

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349111

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 260 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349112

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349113

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349114

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

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 261 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349115

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349116

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349117

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 262 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GASHENKO, LUDA, , ,

Mailing Address 5401 OLD SEWARD HIGHWAY

City
ANCHORAGEState
AKZip Code
99518-1458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLIPPERSHIPOccupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349062

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, LOYCE, , ,

Mailing Address 905 WEST CHATHAM DRIVE

City
PAYSONState
AZZip Code
85541-6213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349066

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUSTAFSON, JUDY, , ,

Mailing Address 704 NORTH BOND STREET

City
KARNES CITYState
TXZip Code
78118-2233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349216

Amount of Each Receipt this Period

13.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

28.00

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 263 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUSTAFSON, JUDY, , ,

Mailing Address 704 NORTH BOND STREET

City
KARNES CITYState
TXZip Code
78118-2233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349217

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMILTON, RANDALL, , ,

Mailing Address 6120 WILDCAT RUN

City
WEST PALM BEACHState
FLZip Code
33412-3007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348960

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINKLE, MARTHA, , ,

Mailing Address 3615 , WENTWORTH DRIVE

City
ARLINGTONState
TXZip Code
76001-5255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

272.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349233

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

95.00

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 264 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349026

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUTCHINSON, CRAIG, , ,

Mailing Address 327 TORREY PINES POINT

City
NAPLES

State
FL

Zip Code
34113-7543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VISION LANDSCAPE

Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2281.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349058

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUTCHINSON, CRAIG, , ,

Mailing Address 327 TORREY PINES POINT

City
NAPLES

State
FL

Zip Code
34113-7543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VISION LANDSCAPE

Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2281.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349105

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

40.00

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

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

FOR LINE NUMBER: PAGE 265 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAESGEN, DIETER, , ,

Mailing Address 19460 FRAZIER

City
ROCKY RIVERState
OHZip Code
44116-1727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348991

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAGAN, OLEG, , ,

Mailing Address 11675 MEADOWRUN CIRCLE

City
FORT MYERSState
FLZip Code
33913-8890FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349047

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOCHERHANS, LARRY, , ,

Mailing Address 1525 N MAIN, SUITE 105

City
BOUNTIFULState
UTZip Code
84010-6167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		17		2022

Transaction ID : SA17.349048

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

185.00

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

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

FOR LINE NUMBER: PAGE 266 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOVACICH, TIM, , ,

Mailing Address 1002 TROUT CREEK DR.

City
OVIEDOState
FLZip Code
32765-5627FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FINXACTOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349064

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARSEN, LAWRENCE, , ,

Mailing Address 4331 GREEN TREE DRIVE

City
SACRAMENTOState
CAZip Code
95823-1978FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOS RIOS COLLEGE DISTRICTOccupation (for Individual)
ADJUNCT FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349128

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONARD, WILLIAM, , ,

Mailing Address 36560 SAGUARO COURT

City
RANCHO MIRAGEState
CAZip Code
92270-2332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WML MANAGEMENT LLCOccupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348970

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

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 267 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIVINGSTON, DIANA STONE, , ,

Mailing Address P O BOX 580

City
GIRDWOODState
AKZip Code
99587-0580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349148

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUPTON, DOUGLAS, , ,

Mailing Address 1531 GIFFORD COURT

City
THE VILLAGESState
FLZip Code
32162-6017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349167

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACHADO, JACKIE, , ,

Mailing Address 451SILVERFALLS ROAD

City
CLEVELANDState
GAZip Code
30528-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

421.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349000

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

150.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348956

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348957

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348958

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

110.00

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 269 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348959

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349025

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349027

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 270 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349029

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349185

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349186

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 271 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349252

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCLAURIN, JAMES, , ,

Mailing Address 3008 BANCROFT DR. SW

City
ROANOKE

State
VA

Zip Code
24014-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.348983

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.25

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349074

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

145.00

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

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

FOR LINE NUMBER: PAGE 272 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349253

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349076

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349077

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.00

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 273 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349078

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOODY, CLARK, , ,

Mailing Address POB 18306

City
GOLDENState
COZip Code
80402-6039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349063

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORGAN, WILLIAM, , ,

Mailing Address 453 NORTH 450 WEST

City
AMERICAN FORKState
UTZip Code
84003-5168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349151

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.00

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 274 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUNDWILER, DENISE, , ,

Mailing Address 15332 SOUTH 180TH DRIVE

City
GOODYEARState
AZZip Code
85338-5656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		17		2022

Transaction ID : SA17.349052

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OWENS, NOHN, , ,

Mailing Address 106 LAUREL MALL DRIVE

City
STARKVILLE.State
MSZip Code
39759-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348978

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARHAM, DAVID, , ,

Mailing Address 6508 COTTAGE LANE

City
SAINT CLOUDState
FLZip Code
34771-8805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDEX EXPRESSOccupation (for Individual)
SR. AIRCRAFT MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349057

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

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 275 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PROCTOR, JOHN, , ,

Mailing Address 830 TAYLOR STREET

City
FORT WORTH

State
TX

Zip Code
76102-6123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349191

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSON

State
KS

Zip Code
67460-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.30

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349134

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSON

State
KS

Zip Code
67460-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.30

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349137

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 276 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.349021

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.349023

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.80

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.349033

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 277 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALEState
NYZip Code
11735-2661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349034

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDONState
TXZip Code
79226-4004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349003

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIPES, JUDY, , ,

Mailing Address 3252 S NC HWY N

City
WALNUT COVEState
NCZip Code
27052-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349180

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLOTSVE, ROGER, , ,

Mailing Address 830 SOLPERS LANE

City
BOTTINEAUState
NDZip Code
58318-8137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349208

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, BRIAN, , ,

Mailing Address 1164 NASHVILLE PIKE

City
GALLATINState
TNZip Code
37066-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.348992

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOWState
VAZip Code
20136-2532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349060

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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 279 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.349245

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.349246

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / **17** / **2022**

Transaction ID : SA17.349248

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACHState
FLZip Code
32550-4813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349198

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STURGILL, DEWAYNE, , ,

Mailing Address 408 DROKE LANE

City
BLOUNTVILLEState
TNZip Code
37617-6721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349126

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STURGILL, DEWAYNE, , ,

Mailing Address 408 DROKE LANE

City
BLOUNTVILLEState
TNZip Code
37617-6721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2022

Transaction ID : SA17.349127

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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 281 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349004

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349005

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349214

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TANNER, CARLTON, , ,

Mailing Address 3125MISTY OAK DR.

City
LEWISVILLE

State
TX

Zip Code
75077-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349070

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIRELLI, MARYANN, , ,

Mailing Address 1633 WEST 2ND STREET

City
BROOKLYN

State
NY

Zip Code
11223-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349073

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANY

State
OR

Zip Code
97322-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

826.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349036

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOWNSEND, SHARON, , ,

Mailing Address 1329 CARVER MILL ROAD

City
TALKING ROCK

State
GA

Zip Code
30175-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349054

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOWNSEND, SHARON, , ,

Mailing Address 1329 CARVER MILL ROAD

City
TALKING ROCK

State
GA

Zip Code
30175-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349196

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN VOORST, MARVIN, , ,

Mailing Address 701 MAIN ST

City
IRETON

State
IA

Zip Code
51027-7425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
V BAR V

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2022

Transaction ID : SA17.349136

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349080

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VEZETINSKI, DENICE, , ,

Mailing Address P.O. BOX 6156

City
EDMONDSState
WAZip Code
98026-0156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.348979

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VIERLING, DEBRA, , ,

Mailing Address 26088 STATE ROAD 46 W

City
BATESVILLEState
INZip Code
47006-9529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.20

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	17	/	2022

Transaction ID : SA17.349235

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

53.00

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 285 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALSH, EILEEN, , ,

Mailing Address 50-23 41ST ST

City
QUEENS

State
NY

Zip Code
11104-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349125

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, MARILYN R, , ,

Mailing Address P.O. BOX 235

City
HAINES

State
AK

Zip Code
99827-0235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349124

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2022

Transaction ID : SA17.349083

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349254

Amount of Each Receipt this Period

1264.74

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BERSAGLIERI, RONALD, , ,

Mailing Address 6783 CHELTON DRIVE

City
OAKLANDState
CAZip Code
94611-1619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349467

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BERSAGLIERI, RONALD, , ,

Mailing Address 6783 CHELTON DRIVE

City
OAKLANDState
CAZip Code
94611-1619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349811

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.50

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 287 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERSAGLIERI, RONALD, , ,

Mailing Address 6783 CHELTON DRIVE

City
OAKLAND

State
CA

Zip Code
94611-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349813

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLANKENSHIP, KATHY, , ,

Mailing Address 125 ORCHARD DR.

City
ELIDA

State
OH

Zip Code
45807-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349454

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOLINGER, REBA, , ,

Mailing Address 543 W 6TH ST

City
LITITZ

State
PA

Zip Code
17543-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349434

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSON

State
AZ

Zip Code
85704-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349952

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUMBAUGH, PHILIP, , ,

Mailing Address 108 PHILIP DR.

City
WEST MILTON

State
OH

Zip Code
45383-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349290

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349486

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349491

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349492

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349493

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

20.00

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 290 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349503

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349517

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349520

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349530

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349537

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349547

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.15

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 292 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASEMENT, SANDRA, , ,

Mailing Address 28356 ALAVA

City
MISSION VIEJOState
CAZip Code
92692-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349401

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAMBERLIN, RICHARD, , ,

Mailing Address 81 LYNN AVENUE

City
HULLState
MAZip Code
02045-2217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349849

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349325

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.70

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 293 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349326

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349327

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETONState
TXZip Code
75407-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349328

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

40.00

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 294 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349329

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349330

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349331

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROWLEY, CAROLYN, , ,

Mailing Address 13504 KEY LIME BLVD.

City
WEST PALM BEACH

State
FL

Zip Code
33412-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349991

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349370

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349374

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349376

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349380

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DONAHUE, NANCY, , ,

Mailing Address 10139 KRESS ROAD

City
PINCKNEY

State
MI

Zip Code
48169-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.10

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349308

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **DUNCAN, CHARLES, , ,**

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349965

Amount of Each Receipt this Period

2.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **DUNCAN, CHARLES, , ,**

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349970

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **DUNCAN, CHARLES, , ,**

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349973

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELDRIDGE, WARD, , ,

Mailing Address 37 LOVEMAN RD

City
CREAM RIDGE

State
NJ

Zip Code
08514-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349988

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349359

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349361

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M	D D	Y Y Y Y
09	18	2022

Transaction ID : SA17.349363

Amount of Each Receipt this Period

7.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M	D D	Y Y Y Y
09	18	2022

Transaction ID : SA17.349364

Amount of Each Receipt this Period

0.25

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRELL, HOLLY, , ,

Mailing Address 6329 MONTROSE DR.

City
DALLASState
TXZip Code
75209-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

478.05

Date of Receipt

M M	D D	Y Y Y Y
09	18	2022

Transaction ID : SA17.349262

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEEState
WIZip Code
54455-9035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349617

Amount of Each Receipt this Period

1.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEEState
WIZip Code
54455-9035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349618

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349495

Amount of Each Receipt this Period

3.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349496

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349508

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349514

Amount of Each Receipt this Period

0.18

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

12.68

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 302 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNION

State
NJ

Zip Code
07083-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349523

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNION

State
NJ

Zip Code
07083-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349529

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNION

State
NJ

Zip Code
07083-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

916.29

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349541

Amount of Each Receipt this Period

8.22

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GINA, ALEXANDRA, , ,

Mailing Address 865 MIDLAND BLVD

City
UNIONState
NJZip Code
07083-7427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349549

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City

MARSEILLES

State

IL

Zip Code

61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349292

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City

MARSEILLES

State

IL

Zip Code

61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349293

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349294

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349295

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349296

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349297

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349298

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349625

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.80

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 306 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349461

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349471

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349719

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.60

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 307 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349720

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349895

Amount of Each Receipt this Period

1.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349897

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARK

State
TX

Zip Code
77536-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349773

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLBEN, MELVIN, , ,

Mailing Address 407 KATIELEE COVE, DALLAS, GA 3013

City
DALLAS

State
GA

Zip Code
13032-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.25

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349544

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLE

State
WA

Zip Code
98112-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349258

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, STUART, , ,

Mailing Address 1575 ROBSHEAL DRIVE

City
SAN JOSE

State
CA

Zip Code
95125-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HI DEF AUDIO VIDEO

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.20

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349548

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIGHT, PATRICE, , ,

Mailing Address 763 EMBERGLOW LANE

City
LITTLETON

State
CO

Zip Code
80126-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PEAKVUE

Occupation (for Individual)
SMALL BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.35

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349555

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOGAN, VICKY, , ,

Mailing Address 729 WESTERLY DR.

City
BRANDON

State
MS

Zip Code
39042-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

303.90

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349271

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 1421

(check only one)

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOGAN, VICKY, , ,

Mailing Address 729 WESTERLY DR.

City
BRANDON

State
MS

Zip Code
39042-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349272

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOGAN, VICKY, , ,

Mailing Address 729 WESTERLY DR.

City
BRANDON

State
MS

Zip Code
39042-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349392

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANGOLD, MARIE, , ,

Mailing Address 5101 239TH PL SW

City
MOUNTLAKE TERRACE

State
WA

Zip Code
98043-5624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

396.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349527

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANGOLD, MARIE, , ,

Mailing Address 5101 239TH PL SW

City
MOUNTLAKE TERRACEState
WAZip Code
98043-5624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	2		

Transaction ID : SA17.349533

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, FRED, , ,

Mailing Address NORTH 115TH WAY

City
SCOTTSDALEState
AZZip Code
85255-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.35

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	2		

Transaction ID : SA17.349261

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCALEARNEY, PHIL, , ,

Mailing Address 602 LAKESHORE DR.

City
HANNA CITYState
ILZip Code
61536-9520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.35

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	2		

Transaction ID : SA17.349405

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1.05

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 312 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKENNA, JACQUELINE, , ,

Mailing Address 1004 VINCENT AVENUE

City
BRONXState
NYZip Code
10465-1525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349778

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESSState
TXZip Code
77410-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349826

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349462

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349465

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349469

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349473

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

20.00

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 314 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349475

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349559

Amount of Each Receipt this Period

2.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349561

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

17.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349562

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349563

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349565

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City
SAFETY HARBOR

State
FL

Zip Code
34695-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349854

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349672

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349676

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

9.55

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 317 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349678

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORAN, FRANK, , ,

Mailing Address P.O. BOX 4848

City
SHREVEPORT

State
LA

Zip Code
71134-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.45

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349264

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

943.05

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349913

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.05

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349915

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.05

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349917

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

943.05

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349919

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.05

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349921

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.05

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349923

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MYERS, RAY, , ,

Mailing Address P.O. BOX 10562

City
RENO

State
NV

Zip Code
89510-0562

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYCO DRYWALL

Occupation (for Individual)
OWNER PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

353.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349421

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAUGLE, MARVIN, , ,

Mailing Address 737 BRANDON CIR

City
LEBANONState
MOZip Code
65536-5123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349343

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSONState
MIZip Code
49203-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349835

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSONState
MIZip Code
49203-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349846

Amount of Each Receipt this Period

0.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.76

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 321 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349848

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349850

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349853

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSONState
MIZip Code
49203-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349855

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSONState
MIZip Code
49203-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349858

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'FLYNN, ARMINDA, , ,

Mailing Address 12864 BISCAYNE BLVD

City
N. MIAMIState
FLZip Code
33181-2007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349615

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.45

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 323 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OBRIEN, BEVERLY P, , ,

Mailing Address P.O. BOX 488

City
OAKLAND

State
FL

Zip Code
34760-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.20

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350002

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PINYERD, MARK, , ,

Mailing Address 2409 CALIFORNIA ST SE

City
HUNTSVILLE

State
AL

Zip Code
35801-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.85

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350008

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYTHEON

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

797.85

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.349650

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. REVETT, ELENA, , ,

Mailing Address 1606 ABACO DR., C3

City
COCONUT CREEK

State
FL

Zip Code
33066-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349575

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COAST

State
FL

Zip Code
32137-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349519

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349419

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1.40

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 325 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLE

State
WA

Zip Code
98077-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIES

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349373

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City
MUSCLE SHOALS

State
AL

Zip Code
35661-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350004

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWARZMAN, STEPHEN, A., ,

Mailing Address 345 PARK AVE.
FLOOR 31

City
NEW YORK

State
NY

Zip Code
10154-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE BLACKSTONE GROUP

Occupation (for Individual)
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000058.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349708

Amount of Each Receipt this Period

29.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

29.35

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 326 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARZMAN, STEPHEN, A., ,

Mailing Address 345 PARK AVE.
FLOOR 31City
NEW YORKState
NYZip Code
10154-3302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE BLACKSTONE GROUPOccupation (for Individual)
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000058.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.377344

Amount of Each Receipt this Period

- 29.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUDState
FLZip Code
34772-8712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349497

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIKES, SCOTT, , ,

Mailing Address 2820 HEATHER RD

City
LONG BEACHState
CAZip Code
90815-1049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMPLETE EXAMINATIONS, INCOccupation (for Individual)
EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

304.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349556

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 28.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, GARLAND, , ,

Mailing Address 585 FOXDALE LOOP W

City
SOUTHAVEN

State
MS

Zip Code
38672-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349767

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349638

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.349639

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.70

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 328 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349640

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPEED, RICHARD, , ,

Mailing Address 1807 PHEASANT

City
HERCULES

State
CA

Zip Code
94547-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.85

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349456

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOW

State
VA

Zip Code
20136-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

698.72

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.349683

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSINGState
IDZip Code
83639-5511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349480

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIREState
MIZip Code
49615-9378FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349756

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, JEAN, , ,

Mailing Address 5644 ARAL DRIVE

City
LAKELANDState
FLZip Code
33805-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

495.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349674

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.33

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTHState
PAZip Code
19072-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.349319

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350018

Amount of Each Receipt this Period

5475.47

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BENNYWORTH, WILLIAM, , ,

Mailing Address 21522 KANEOHE LANE

City
HUNTINGTON BEACHState
CAZip Code
92646-7822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350169

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35.50

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 331 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENNYWORTH, WILLIAM, , ,

Mailing Address 21522 KANEOHE LANE

City
HUNTINGTON BEACH

State
CA

Zip Code
92646-7822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350170

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLANKENSHIP, KATHY, , ,

Mailing Address 125 ORCHARD DR.

City
ELIDA

State
OH

Zip Code
45807-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.08

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350180

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOBEE, THOMAS. G, , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

484.50

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350089

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOLDMAN, MIKE, , ,

Mailing Address 5603 FOXWOOD DR., APT. C

City
OAK PARK

State
CA

Zip Code
91377-3980

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350207

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHESTER, MARY, , ,

Mailing Address 28529 ROCK CANYON DR.

City
SANTA CLARITA

State
CA

Zip Code
91390-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350036

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COONLY, JOHN, , ,

Mailing Address 300 WEST AVE APT 2326

City
AUSTIN

State
TX

Zip Code
78701-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1782.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350147

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPRIDER, ALMA, , ,

Mailing Address 1554 HEATHER HILL DRIVE

City
LAKELAND

State
FL

Zip Code
33810-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2022

Transaction ID : SA17.350230

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2022

Transaction ID : SA17.350092

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIERLAM, MARK, , ,

Mailing Address 7737 LAKERIDGE LOOP

City
MONTGOMERY

State
AL

Zip Code
36117-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2022

Transaction ID : SA17.350077

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

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 334 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FANKHANEL, PAMELA, , ,

Mailing Address 12216 IRVINE AVENUE NORTHWEST

City
BEMIDJIState
MNZip Code
56601-7106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.10

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	2		

Transaction ID : SA17.350055

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRELL, HOLLY, , ,

Mailing Address 6329 MONTROSE DR.

City
DALLASState
TXZip Code
75209-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	2		

Transaction ID : SA17.350203

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	2	2		

Transaction ID : SA17.350183

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2022**Transaction ID : SA17.350184**

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2022**Transaction ID : SA17.350185**

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2022**Transaction ID : SA17.350186**

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350187

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350188

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350189

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350191

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK., , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350163

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GASHENKO, LUDA., , ,

Mailing Address 5401 OLD SEWARD HIGHWAY

City
ANCHORAGEState
AKZip Code
99518-1458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLIPPERSHIPOccupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350062

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

68.00

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 338 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350066

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350068

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPE

State
PA

Zip Code
18938-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350070

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350025

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350026

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350027

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350028

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350030

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350031

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

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 341 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350032

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350033

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASSOLDT, WILLIAM, , ,

Mailing Address 10 PINE TREE LANE

City
ROLLING HILLS

State
CA

Zip Code
90274-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350223

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

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 342 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAHN, TERESA, , ,

Mailing Address 13467 SUMPTER STAGE HWY

City
BAKER CITY

State
OR

Zip Code
97814-7909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350130

Amount of Each Receipt this Period

15.40

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAHN, TERESA, , ,

Mailing Address 13467 SUMPTER STAGE HWY

City
BAKER CITY

State
OR

Zip Code
97814-7909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350195

Amount of Each Receipt this Period

16.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANDARIAN, KARI, , ,

Mailing Address 5237 NW FERNRIDGE DR.

City
CAMAS

State
WA

Zip Code
98607-8743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALASKA AIRLINES

Occupation (for Individual)
FLIGHT ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350114

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KASPARECK, MARION, , ,

Mailing Address 17 EAST SHELL WAY

City
LAVALLETTE

State
NJ

Zip Code
08735-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350067

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLEIN, MICHAEL, , ,

Mailing Address 5220 KLEE MILL ROAD SOUTH

City
OWINGS MILLS

State
MD

Zip Code
21784-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHARLES A KLEIN

Occupation (for Individual)
MECHANICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350110

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOBUS, HELENA, , ,

Mailing Address 10 GRANDVIEW CT

City
ALGONQUIN

State
IL

Zip Code
60102-1993

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350039

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAWRENCE, MARJORIE, , ,

Mailing Address 2224 CRAIG DRIVE

City
CONCORD

State
CA

Zip Code
94518-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350102

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MADISON, CYNTHIA, , ,

Mailing Address 305 JESSICA LANE

City
RINCON

State
GA

Zip Code
31326-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350236

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARROCCOLI, ANGELA, , ,

Mailing Address 3801N.E.207ST. 2902

City
AVENTURA

State
FL

Zip Code
33180-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1474.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022

Transaction ID : SA17.350166

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARROCCOLI, ANGELA, , ,

Mailing Address 3801N.E.207ST. 2902

City
AVENTURA

State
FL

Zip Code
33180-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1474.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350167

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350060

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350061

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2022

Transaction ID : SA17.350063

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2022

Transaction ID : SA17.350064

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOODY, CLARK, , ,

Mailing Address POB 18306

City
GOLDEN

State
CO

Zip Code
80402-6039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2022

Transaction ID : SA17.350099

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

30.00

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 347 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSS, PATRICIA, , ,

Mailing Address 2665 WHISPERING PINE

City
TWIN FALLSState
IDZip Code
83301-8939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350074

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWSOME, DIANA, , ,

Mailing Address 107 S VOLUSIA AVENUE

City
PIERSONState
FLZip Code
32180-2874FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		18		2022

Transaction ID : SA17.350035

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350225

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

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 348 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350226

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350227

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSONState
KSZip Code
67460-3606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350046

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

45.00

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 349 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSON

State
KS

Zip Code
67460-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.30

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350047

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSON

State
KS

Zip Code
67460-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.30

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350048

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSON

State
KS

Zip Code
67460-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.30

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350049

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDONState
TXZip Code
79226-4004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2022

Transaction ID : SA17.350076

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAPP, MARY, , ,

Mailing Address 1305 BERON DR.

City
METAIRIEState
LAZip Code
70003-5513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2022

Transaction ID : SA17.350029

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWARZ, KATHLEEN, , ,

Mailing Address 508 WAR EAGLE LN

City
YUKONState
OKZip Code
73099-5781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

613.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2022

Transaction ID : SA17.350142

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAVER, DOUG, , ,

Mailing Address 602 CATRON ST

City
MARIONState
VAZip Code
24354-1800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROYAL BUILDING PRO.Occupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350078

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHER, GEOFFREY, , ,

Mailing Address 9101 ALTA DRIVE

City

LAS VEGAS

State

NV

Zip Code

89145-8564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHER FERTILITY SOLUTIONSOccupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350123

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, HOLLIE, , ,

Mailing Address 920. CARRIAGE HOUSE COURT

City

HERSHEY

State

PA

Zip Code

17033-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350087

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350143

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350145

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STUART, KATHY, , ,

Mailing Address 16712 SAN SALVADOR ROAD

City
SAN DIEGO

State
CA

Zip Code
92128-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 18 / 2022

Transaction ID : SA17.350146

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOWNSEND, SHARON, , ,

Mailing Address 1329 CARVER MILL ROAD

City
TALKING ROCKState
GAZip Code
30175-3613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M	D D	Y Y Y Y
09	18	2022

Transaction ID : SA17.350193

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M	D D	Y Y Y Y
09	18	2022

Transaction ID : SA17.350034

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M	D D	Y Y Y Y
09	18	2022

Transaction ID : SA17.350038

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

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 354 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITMAN, TRUDY, , ,

Mailing Address 126 DOVE LANE

City
MENA

State
AR

Zip Code
71953-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.90

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350201

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITMAN, TRUDY, , ,

Mailing Address 126 DOVE LANE

City
MENA

State
AR

Zip Code
71953-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.90

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350204

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITMAN, TRUDY, , ,

Mailing Address 126 DOVE LANE

City
MENA

State
AR

Zip Code
71953-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.90

Date of Receipt

09 / **18** / **2022**

Transaction ID : SA17.350206

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 355 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITMAN, TRUDY, , ,

Mailing Address 126 DOVE LANE

City
MENAState
ARZip Code
71953-8024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022**Transaction ID : SA17.350208**

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIREState
MIZip Code
49615-9378FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022**Transaction ID : SA17.350159**

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, ADDISON, , ,

Mailing Address 1700 SUNSET BOULEVARD

City
WEST COLUMBIAState
SCZip Code
29169-5940FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US CONGRESSOccupation (for Individual)
MEMBER OF CONGRESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2022**Transaction ID : SA17.350037**

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WISMER, ANN, , ,

Mailing Address 11 WATERFORD OAK LANE

City
KEMAHState
TXZip Code
77565-2923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WISMER DISTRIBUTINGOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350019

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLPERT, JOHN, , ,

Mailing Address 5422 WEST 141ST TERRACE

City
OVERLAND PARKState
KSZip Code
66224-1172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350127

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WYLIE, NANCY, , ,

Mailing Address 3300 CASTLEWOOD BLVD

City
HIGHLAND VILLAGEState
TXZip Code
75077-1833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2022

Transaction ID : SA17.350211

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WYNN, STEPHEN, A., ,

Mailing Address 2449 NORTH TENAYA WAY
UNIT 35290

City
LAS VEGAS

State
NV

Zip Code
89133-8093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350596

Amount of Each Receipt this Period

500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350597

Amount of Each Receipt this Period

3778.00

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.60

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.351509

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500000.10

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLEState
ILZip Code
60532-3219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351600

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350891

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350893

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

38.00

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 359 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350896

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350899

Amount of Each Receipt this Period

0.16

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BACZYNSKI, JOHN, , ,

Mailing Address 16316 W. INDIANOLA AVE.

City
GOODYEARState
AZZip Code
85395-7657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350806

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BACZYNSKI, JOHN, , ,

Mailing Address 16316 W. INDIANOLA AVE.

City
GOODYEAR

State
AZ

Zip Code
85395-7657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350863

Amount of Each Receipt this Period

0.02

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARNETT, LARRY, , ,

Mailing Address 407 COWBOY LANE

City
FRITCH

State
TX

Zip Code
79036-8231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350959

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BASHAM, BRIAN, , ,

Mailing Address 1613 HIGH MEADOWS DR.

City
NORMAN

State
OK

Zip Code
73071-7428

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

449.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350912

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.52

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 361 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLANKENSHIP, KATHY, , ,

Mailing Address 125 ORCHARD DR.

City
ELIDA

State
OH

Zip Code
45807-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351175

Amount of Each Receipt this Period

0.04

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOLINGER, REBA, , ,

Mailing Address 543 W 6TH ST

City
LITITZ

State
PA

Zip Code
17543-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350848

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351136

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351429

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351652

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRACHFELD, DONALD, , ,

Mailing Address 25 FOUR SEASONS DRIVE

City
NORTH CALDWELL

State
NJ

Zip Code
07006-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

912.50

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350878

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAVATAIO, MICHAEL, , ,

Mailing Address 6641 AUDUBON TRCE WEST

City
WEST PALM BEACH

State
FL

Zip Code
33412-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TERRA CREEK LLC

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351185

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350663

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350664

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

75.35

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 364 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CIACCIO, JANE, , ,

Mailing Address 5491 BEECHMONT AVENUE. APT 506

City
CINCINNATI

State
OH

Zip Code
45230-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350719

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CIACCIO, JANE, , ,

Mailing Address 5491 BEECHMONT AVENUE. APT 506

City
CINCINNATI

State
OH

Zip Code
45230-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350721

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COFFIELD, K S, , ,

Mailing Address 3001 STRATFORD DR.

City
TEMPLE

State
TX

Zip Code
76502-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351390

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROWLEY, CAROLYN, , ,

Mailing Address 13504 KEY LIME BLVD.

City

WEST PALM BEACH

State

FL

Zip Code

33412-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351229

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENDY, PHYLLIS, , ,

Mailing Address 1808 N. AVENUE H

City

HASKELL

State

TX

Zip Code

79521-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.75

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350682

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City

SAN CLEMENTE

State

CA

Zip Code

92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350643

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350885

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350950

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350954

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350958

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350960

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOOD

State
WV

Zip Code
26164-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.95

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350629

Amount of Each Receipt this Period

1.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOODState
WVZip Code
26164-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350631

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOODState
WVZip Code
26164-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350633

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FANKHANEL, PAMELA, , ,

Mailing Address 12216 IRVINE AVENUE NORTHWEST

City
BEMIDJIState
MNZip Code
56601-7106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

643.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351584

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.50

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 369 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FANKHANEL, PAMELA, , ,

Mailing Address 12216 IRVINE AVENUE NORTHWEST

City
BEMIDJI

State
MN

Zip Code
56601-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351585

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERRARA, KATHY, , ,

Mailing Address 161 SPRING GLEN

City
SHELTON

State
CT

Zip Code
06484-3886

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECHN

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350754

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLETCHER, HAROLD, , ,

Mailing Address 9664 TROON COURT

City
LAKELAND

State
FL

Zip Code
33810-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351008

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.30

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILLOCK, GAIL, , ,

Mailing Address 2518 E 66TH PL

City
TULSAState
OKZip Code
74136-1209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAIL GILLOCKOccupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351091

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILLOCK, GAIL, , ,

Mailing Address 2518 E 66TH PL

City
TULSAState
OKZip Code
74136-1209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAIL GILLOCKOccupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351096

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, MARY, , ,

Mailing Address 2205CORSON LANE

City
NEW HOPEState
PAZip Code
18938-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1086.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351645

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

2.40

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 371 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350758

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONT

State
IL

Zip Code
61568-8560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350679

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARK

State
TX

Zip Code
77536-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351373

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEUER, RANDY, , ,

Mailing Address 1218 SUNRISE CIRCLE

City
MUSCATINE

State
IA

Zip Code
52761-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MUSCATINE COUNTY ABSTRACT COMPANY

Occupation (for Individual)

ABSTRACTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.95

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350946

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPKINS, SCOTT, , ,

Mailing Address 140 WILLIAMSBURG LANE

City
FORT WORTH

State
TX

Zip Code
76107-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350821

Amount of Each Receipt this Period

1.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPKINS, SCOTT, , ,

Mailing Address 140 WILLIAMSBURG LANE

City
FORT WORTH

State
TX

Zip Code
76107-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1003.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350854

Amount of Each Receipt this Period

1.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350796

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350798

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350801

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

24.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350803

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350804

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351400

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351401

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351402

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KABELE, JEAN, , ,

Mailing Address 1120 W DREW ST

City
HOUSTON

State
TX

Zip Code
77006-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.67

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351195

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAESGEN, DIETER, , ,

Mailing Address 19460 FRAZIER

City
ROCKY RIVER

State
OH

Zip Code
44116-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351624

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEELING, DEBORAH G, , ,

Mailing Address 133, MAJESTIC OAKS DR.

City
BOERNE

State
TX

Zip Code
78006-7956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.40

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351355

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHELL, GLENN, , ,

Mailing Address 6301 JACK RABBIT JCT

City
FARMINGTON

State
NM

Zip Code
87402-8797

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
(MTC) MED TRANS

Occupation (for Individual)
HELICOPTER AIR AMBULANCE PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

413.70

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351239

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350873

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350875

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350879

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350883

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350886

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350902

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.85

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 379 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350905

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANIUS, BARBARA, , ,

Mailing Address 12662 HARRIET CIRCLE

City
DALLAS

State
TX

Zip Code
75244-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1151.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351634

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LENGEL, MARY, , ,

Mailing Address 8092 NORTH UNION CITY ROAD

City
DENVER

State
IN

Zip Code
46926-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

341.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351466

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LENGEL, MARY, , ,

Mailing Address 8092 NORTH UNION CITY ROAD

City
DENVER

State
IN

Zip Code
46926-9035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WALMART

Occupation (for Individual)

MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351467

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351558

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351559

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.75

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 381 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350993

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350997

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350999

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, JOHN, , ,

Mailing Address 21525 OXFORD DR.

City
LEXINGTON PARK

State
MD

Zip Code
20653-4577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351470

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUNGER, LINDA, , ,

Mailing Address 2163 BRADY AVE

City
BURTON

State
MI

Zip Code
48529-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350985

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.377326

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURDOCH MANN, ANNA, , ,

Mailing Address 622 NORTH FLAGLER DRIVE

City
WEST PALM BEACH

State
FL

Zip Code
33401-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.93

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351469

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURST

State
IL

Zip Code
60126-3345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICES

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351324

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUSINSKI, DONALD, , ,

Mailing Address 1135 JEFFREY LANE

City
SALINE

State
MI

Zip Code
48176-9405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOLO AVIATION

Occupation (for Individual)
FLIGHT INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351623

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICKOVICH, DANIEL, , ,

Mailing Address 11855 WEST VOMAC RD

City
DUBLIN

State
CA

Zip Code
94568-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351253

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIEMEYER, GREG, , ,

Mailing Address 7908 STANFORD

City
DALLAS

State
TX

Zip Code
75225-8210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOORE-HARALSON

Occupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351457

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350797

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'FLYNN, ARMINDA, , ,

Mailing Address 12864 BISCAYNE BLVD

City
N. MIAMI

State
FL

Zip Code
33181-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350653

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ORR, CHUCK, , ,

Mailing Address 415 S SPAULDING AVE

City
PUEBLO

State
CO

Zip Code
81007-2899

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350658

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351090

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARTRIDGE, WILLIAM, , ,

Mailing Address 29236 MURRIETA ROAD

City
MENIFEE

State
CA

Zip Code
92586-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351214

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEDERSEN, WILLIAM, , ,

Mailing Address 374 LOCHWOOD DRIVE

City
CAMANO ISLAND

State
WA

Zip Code
98282-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351665

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEDERSEN, WILLIAM, , ,

Mailing Address 374 LOCHWOOD DRIVE

City
CAMANO ISLAND

State
WA

Zip Code
98282-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351666

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350598

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350599

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350600

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1540.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350604

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350605

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350606

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350607

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350608

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350612

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350614

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351350

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351353

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISEState
AZZip Code
85374-4565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351356

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISEState
AZZip Code
85374-4565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351357

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISEState
AZZip Code
85374-4565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351358

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 392 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351359

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351361

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351363

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYTHEON

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350680

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PUGH, REBECCA, , ,

Mailing Address 606 SOUTH WALNUT STREET

City
NOWATA

State
KS

Zip Code
66762-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351463

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COAST

State
FL

Zip Code
32137-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350735

Amount of Each Receipt this Period

0.04

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COASTState
FLZip Code
32137-2702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351606

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHERMBECK, JULIE, , ,

Mailing Address 2043 HAMILTON NEW LONDON RD

City
HAMILTONState
OHZip Code
45013-9540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350723

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHELTON, JANICE, , ,

Mailing Address 152 MASSEY RD

City
LOCUST FORKState
ALZip Code
35097-5934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351669

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

5.15

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 395 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHELTON, JANICE, , ,

Mailing Address 152 MASSEY RD

City
LOCUST FORKState
ALZip Code
35097-5934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2022

Transaction ID : SA17.351670

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOWState
VAZip Code
20136-2532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2022

Transaction ID : SA17.350969

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City
BRISTOWState
VAZip Code
20136-2532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2022

Transaction ID : SA17.351587

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350929

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351086

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

544.88

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351556

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPRINGSTEAD, DEXTER, , ,

Mailing Address 7026 OIL WELL ROAD

City
CLERMONTState
FLZip Code
34714-9536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350828

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPRINGSTEAD, DEXTER, , ,

Mailing Address 7026 OIL WELL ROAD

City
CLERMONTState
FLZip Code
34714-9536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350830

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STIEBER, JOLI, , ,

Mailing Address 90 SIERRA VISTA AVENUE

City
MOUNTAIN VIEWState
CAZip Code
94043-4428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351656

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.50

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 398 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350839

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350843

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.350845

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350847

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VALDES, LINDA, , ,

Mailing Address 9558 119TH WAY

City
SEMINOLE

State
FL

Zip Code
33772-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.07

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350852

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VIS, SHARON, , ,

Mailing Address 62159 HWY 90

City
MONTROSE

State
CO

Zip Code
81403-7956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.350740

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASSERMAN, MICHAEL, , ,

Mailing Address P.O. BOX 130

City
VALLEY STREAMState
NYZip Code
11582-0130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351327

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAKState
AKZip Code
99567-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350967

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTHState
PAZip Code
19072-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.350861

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTHState
PAZip Code
19072-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.350864

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WORNOM, SUSANNAH, , ,

Mailing Address 36 SPOTTSWOOD LANE

City
NEWPORT NEWSState
VAZip Code
23606-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351640

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WORNOM, SUSANNAH, , ,

Mailing Address 36 SPOTTSWOOD LANE

City
NEWPORT NEWSState
VAZip Code
23606-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351641

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WORNOM, SUSANNAH, , ,

Mailing Address 36 SPOTTSWOOD LANE

City
NEWPORT NEWS

State
VA

Zip Code
23606-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351642

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, LINDA, , ,

Mailing Address 6721 WEST WAKEFIELD DRIVE

City
ALEXANDRIA

State
VA

Zip Code
22307-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.350963

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351672

Amount of Each Receipt this Period

5830.25

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLISON, SHIRLEY, , ,

Mailing Address 2304 JUANITA AVENUE

City
SAN ANGELO

State
TX

Zip Code
76901-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.65

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351703

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, LOWELL, , ,

Mailing Address 5948 BROAD VIEW AVE NE

City
TACOMA

State
WA

Zip Code
98422-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351819

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARBER, FRED, , ,

Mailing Address 457 COUNTY ROAD 312

City
FLORESVILLE

State
TX

Zip Code
78114-3406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351808

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BODKIN, RICHARD, , ,

Mailing Address 5130 WESCOTT BLVD

City
SUMMERVILLEState
SCZip Code
29485-9043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351836

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BODKIN, RICHARD, , ,

Mailing Address 5130 WESCOTT BLVD

City
SUMMERVILLEState
SCZip Code
29485-9043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351837

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BODKIN, RICHARD, , ,

Mailing Address 5130 WESCOTT BLVD

City
SUMMERVILLEState
SCZip Code
29485-9043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351838

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

95.00

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 405 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRAUER, GARY, , ,

Mailing Address 1701 SAGEBRUSH TRAIL

City
GRAPEVINE

State
TX

Zip Code
76051-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.85

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351696

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, DONNA, , ,

Mailing Address 432 WELLINGTON WAY

City
WINCHESTER

State
KY

Zip Code
40391-8443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351798

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, ROGER, , ,

Mailing Address 2402 DRAWBRIDGE DR.

City
ARLINGTON

State
TX

Zip Code
76012-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351791

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAY, HARRY, , ,

Mailing Address 10010 MEADOW LANE

City
DENHAM SPRINGS

State
LA

Zip Code
70706-0382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.351677

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAY, HARRY, , ,

Mailing Address 10010 MEADOW LANE

City
DENHAM SPRINGS

State
LA

Zip Code
70706-0382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.351678

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEVETTE, JACK, , ,

Mailing Address 8610 GARBOW DR. SE

City
ALTO

State
MI

Zip Code
49302-9166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.50

Date of Receipt

09 / **19** / **2022**

Transaction ID : SA17.351681

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351724

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351725

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELSBERRY, BILLY, , ,

Mailing Address 4211 HAITI LN

City
PASADENA

State
TX

Zip Code
77505-4028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351816

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINCH, CATHY, , ,

Mailing Address 1007 N 2ND ST

City
JOHNSTOWN

State
CO

Zip Code
80534-8824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351734

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROSS, KATHLEEN, , ,

Mailing Address 23461 PARK HERMOSA

City
CALABASAS

State
CA

Zip Code
91302-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DR. A. PENHASKASHI

Occupation (for Individual)
DENTAL HYGIENIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351697

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, EARL, , ,

Mailing Address 105 WINTER FOREST DRIVE

City
CANDLER

State
NC

Zip Code
28715-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351792

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMILTON, EARL, , ,

Mailing Address 105 WINTER FOREST DRIVE

City
CANDLER

State
NC

Zip Code
28715-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351795

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMILTON, JENNY, , ,

Mailing Address 414 PELHAM RD

City
FORT WALTON BEACH

State
FL

Zip Code
32547-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351692

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPKINS, SCOTT, , ,

Mailing Address 140 WILLIAMSBURG LANE

City
FORT WORTH

State
TX

Zip Code
76107-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1003.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351701

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 410 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUNTLEY, LYLE, , ,

Mailing Address 1591 HEMLOCK AVE

City
ANDERSON

State
CA

Zip Code
96007-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNEMPLOYED

Occupation (for Individual)
CHAPLAIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351763

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, KEITH, , ,

Mailing Address 8060 HOWARD P ANDERSON ROAD

City
NATHALIE

State
VA

Zip Code
24577-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351702

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351710

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

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 411 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351711

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351713

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEIGHTON, JOAN, , ,

Mailing Address 44 NEWTON ST,

City
BELMONT

State
MA

Zip Code
02478-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOAN T. LEIGHTON, CPA

Occupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351690

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, HOGUE, , ,

Mailing Address 5931 LITTLE BRANDYWINE CRK

City
SAN ANTONIO

State
TX

Zip Code
78233-5125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351787

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351780

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351782

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

175.00

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 413 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOVE, CARMON, , ,

Mailing Address 6825 ADVENT CIRCLE

City
TRUSSVILLE

State
AL

Zip Code
35173-2292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.90

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351784

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LULA, MARY LOUISE, , ,

Mailing Address 2034 CROGHAN DRIVE

City
CARNEGIE

State
PA

Zip Code
15106-1593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.16

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351712

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORA

State
CO

Zip Code
80017-6550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.55

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351823

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEANState
VAZip Code
22101-0914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351730

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEANState
VAZip Code
22101-0914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351731

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAY, JIM, , ,

Mailing Address 1009 WESLEY DOWNS ROAD

City
MONROEState
NCZip Code
28110-8648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351822

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351800

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351802

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 19 / 2022

Transaction ID : SA17.351803

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 416 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351804

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351805

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Transaction ID : SA17.351806

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACHState
FLZip Code
32168-7940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351691

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City
NEW SMYRNA BEACHState
FLZip Code
32168-7940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351693

Amount of Each Receipt this Period

55.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MISH, ALICE, , ,

Mailing Address 17234 NORTHEAST 126TH PLACE

City
REDMONDState
WAZip Code
98052-2292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351794

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

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 418 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUMFORD, PEGGY, , ,

Mailing Address 10402 GOLF COURSE RD

City
OCEAN CITY

State
MD

Zip Code
21842-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351745

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEAL, ROLLIE, , ,

Mailing Address 17 LARKSPUR LN

City
CLARKSBURG

State
WV

Zip Code
26301-6871

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351797

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICOLET, ART, , ,

Mailing Address 3535 NORTH BROOKHAVEN LANE

City
TUCSON

State
AZ

Zip Code
85712-5457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351742

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTONState
OHZip Code
44720-8168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISESOccupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2022

Transaction ID : SA17.351821

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAWState
OKZip Code
73020-5906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2022

Transaction ID : SA17.351785

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALERMO, MARK, , ,

Mailing Address 246 GARFIELD PLACD

City
BROOKLYNState
NYZip Code
11215-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LAWYER, INVESTOR, CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2022

Transaction ID : SA17.351739

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDONState
TXZip Code
79226-4004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351715

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHUGARMAN, CHARLES, , ,

Mailing Address 3076 STRATFORD COURT

City
CHESAPEAKEState
VAZip Code
23321-5826FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351835

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTTState
AZZip Code
86305-5124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	2	2		

Transaction ID : SA17.351855

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

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 421 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TESELLE, JUDY, , ,

Mailing Address 227 ROCK BRIDGE LANE

City
WINDSOR

State
CO

Zip Code
80550-6167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351807

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERG

State
OR

Zip Code
97132-6993

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351747

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERG

State
OR

Zip Code
97132-6993

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351749

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLINGS, WILLIAM, , ,

Mailing Address 90097 SPIRES LANE EUGENE

City
EUGENE

State
OR

Zip Code
97402-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351854

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351718

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZINTER, BARBARA, , ,

Mailing Address 57701 G00SEBERRY RD.

City
IONE

State
OR

Zip Code
97843-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2022

Transaction ID : SA17.351852

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **CHILDS, JOHN, W., ,**

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 (for Individual)
J.W. CHILDS ASSOCIATES

Occupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.351859

Amount of Each Receipt this Period

500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **HILDEBRAND, JEFFERY, D., MR.,**

Mailing Address P.O.BOX 1308

City
HOUSTON

State
TX

Zip Code
77251-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HILCORP ENERGY COMPANY

Occupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.356564

Amount of Each Receipt this Period

500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **RICKETTS, MARLENE, , ,**

Mailing Address 214 N. ELMWOOD ROAD

City
OMAHA

State
NE

Zip Code
68132-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.351858

Amount of Each Receipt this Period

500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1500000.00

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 424 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARENA OFFSHORE, LP

Mailing Address 2103 RESEARCH FOREST DRIVE
SUITE #200

City
THE WOODLANDS

State
TX

Zip Code
77380-4164

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 ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.356565

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LLOG EXPLORATION COMPANY, LLC

Mailing Address 1001 OCHSNER BOULEVARD
SUITE 100

City
COVINGTON

State
LA

Zip Code
70433-8152

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 ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.351856

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352856

Amount of Each Receipt this Period

1619.85

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

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 425 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353432

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BERKGREN, GARRY D, , ,

Mailing Address 122 PLUM AVE

City
OAKLEY

State
KS

Zip Code
67748-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5937.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353511

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEST, SAMMY, , ,

Mailing Address 1807FM 3240

City
BANDERA

State
TX

Zip Code
78003-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353549

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.65

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 426 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOBEE, THOMAS. G. , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353635

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352929

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSON

State
AZ

Zip Code
85704-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353497

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARKState
ARZip Code
72949-8145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.352993

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353482

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CATON, ROBERT, , ,

Mailing Address 7373 E US HIGHWAY 60 LOT 60

City
GOLD CANYONState
AZZip Code
85118-9092FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353621

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.65

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 428 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAHLKE, GARY, , ,

Mailing Address 10115 107TH PLACE NORTH

City
MAPLE GROVE

State
MN

Zip Code
55369-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.75

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353221

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAHLKE, GARY, , ,

Mailing Address 10115 107TH PLACE NORTH

City
MAPLE GROVE

State
MN

Zip Code
55369-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.75

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353223

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353570

Amount of Each Receipt this Period

1.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353571

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353572

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353576

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

12.15

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 430 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARREY, JOHN F, , ,

Mailing Address 1850 NE 146 ST

City
NORTH MIAMIState
FLZip Code
33181-1424FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FARREYS WHOLESALEOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353688

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353577

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353218

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.40

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 431 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353439

Amount of Each Receipt this Period

1.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353446

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANCOCK, TERRY, , ,

Mailing Address 1713 MILL STREET

City
CAMDENState
SCZip Code
29020-2730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353727

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEUER, RANDY, , ,

Mailing Address 1218 SUNRISE CIRCLE

City
MUSCATINE

State
IA

Zip Code
52761-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MUSCATINE COUNTY ABSTRACT COMPANY

Occupation (for Individual)

ABSTRACTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.95

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353244

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEUER, RANDY, , ,

Mailing Address 1218 SUNRISE CIRCLE

City
MUSCATINE

State
IA

Zip Code
52761-3631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MUSCATINE COUNTY ABSTRACT COMPANY

Occupation (for Individual)

ABSTRACTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.95

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353245

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, THERESA, , ,

Mailing Address PAO BOX 2723

City
SHALLOTTE

State
NC

Zip Code
28459-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BRITE PROPERTIES

Occupation (for Individual)

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

542.75

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.352979

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.55

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 433 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWES, ALVIN, , ,

Mailing Address 1841 ARBOR KNOLL LOOP

City
TRINITY

State
FL

Zip Code
34655-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.10

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353721

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353453

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353456

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353457

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353463

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353466

Amount of Each Receipt this Period

1.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

2.50

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 435 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353467

Amount of Each Receipt this Period

1.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353468

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353469

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353470

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353471

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KABELE, JEAN, , ,

Mailing Address 1120 W DREW ST

City
HOUSTONState
TXZip Code
77006-1222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353792

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.50

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 437 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353321

Amount of Each Receipt this Period

3.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353326

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353332

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2022

Transaction ID : SA17.353337

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2022

Transaction ID : SA17.353339

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2022

Transaction ID : SA17.353343

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353344

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOWRY, FRED SR, , ,

Mailing Address 10958 BAY MEADOW CIRCLE

City
SANDYState
UTZip Code
84092-4652FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353316

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESSState
TXZip Code
77410-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353770

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

5.35

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 440 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353771

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353772

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353773

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353789

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City

SPICEWOOD

State
TX

Zip Code
78669-1491

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NOT EMPLOYED

Occupation (for Individual)

R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352938

Amount of Each Receipt this Period

0.45

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City

HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353419

Amount of Each Receipt this Period

0.80

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353425

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353430

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORAN, FRANK, , ,

Mailing Address P.O. BOX 4848

City
SHREVEPORT

State
LA

Zip Code
71134-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352937

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.50

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 443 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORIARTY, JAMES, , ,

Mailing Address 9056 SYLVANIA METAMORA RD

City
SYLVANIA

State
OH

Zip Code
43560-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.80

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.352882

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUELLER, DAVID, , ,

Mailing Address 1 KARWATT COURT

City
SAYREVILLE

State
NJ

Zip Code
08872-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.40

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353070

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELSON, SHARON, , ,

Mailing Address PONOX 957

City
BOISE

State
ID

Zip Code
83701-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353526

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.70

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NIEMEYER, GREG, , ,

Mailing Address 7908 STANFORD

City
DALLASState
TXZip Code
75225-8210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOORE-HARALSONOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353059

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'FLYNN, ARMINDA, , ,

Mailing Address 12864 BISCAYNE BLVD

City
N. MIAMIState
FLZip Code
33181-2007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.352878

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLINGER, SANDRA, , ,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City
GAINESVILLEState
FLZip Code
32608-4190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1239.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353420

Amount of Each Receipt this Period

1.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

2.16

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 445 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLINGER, SANDRA, , ,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City
GAINESVILLE

State
FL

Zip Code
32608-4190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353424

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLINGER, SANDRA, , ,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City
GAINESVILLE

State
FL

Zip Code
32608-4190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353426

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLINGER, SANDRA, , ,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City
GAINESVILLE

State
FL

Zip Code
32608-4190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1239.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353428

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLINGER, SANDRA, , ,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City
GAINESVILLE

State
FL

Zip Code
32608-4190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353431

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353074

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PINYERD, MARK, , ,

Mailing Address 2409 CALIFORNIA ST SE

City
HUNTSVILLE

State
AL

Zip Code
35801-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

221.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353775

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYTHEON

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352935

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353234

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROOM, HERBERT, , ,

Mailing Address PRO BOX 601

City
DALLESPORT

State
WA

Zip Code
98617-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353421

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SABADIE, CARLOS, , ,

Mailing Address 1641 VELA COVE

City
SLIDELL

State
LA

Zip Code
70458-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.20

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353628

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABADIE, CARLOS, , ,

Mailing Address 1641 VELA COVE

City
SLIDELL

State
LA

Zip Code
70458-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.20

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353629

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.352872

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

4.70

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 449 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City

MUSCLE SHOALS

State

AL

Zip Code

35661-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353757

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIGMON, RICHARD, , ,

Mailing Address 2329 LABURNUM AVENUE

City

CHARLOTTE

State

NC

Zip Code

28205-6045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ATRIUM HEALTH

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353072

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPINNER, CAROL, , ,

Mailing Address 9712 SEAFIELD PLACE

City

BRISTOW

State

VA

Zip Code

20136-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

698.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353225

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.76

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 450 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352877

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353040

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STINNETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353256

Amount of Each Receipt this Period

1.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STINETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353257

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STINETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353259

Amount of Each Receipt this Period

1.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STINETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353260

Amount of Each Receipt this Period

2.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STINNETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353261

Amount of Each Receipt this Period

0.11

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STINNETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353262

Amount of Each Receipt this Period

0.11

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353306

Amount of Each Receipt this Period

1.40

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353307

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353308

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353310

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.00

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 454 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353312

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353314

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353442

Amount of Each Receipt this Period

1.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1.60

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 455 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353445

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353447

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / **20** / **2022**

Transaction ID : SA17.353448

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353452

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353454

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALK, KATHLEEN, , ,

Mailing Address 210 LAKESIDE DRIVE

City
GRAND ISLAND

State
NE

Zip Code
68801-8536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

381.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.352928

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALRAVEN, MARY, , ,

Mailing Address P O BOX 189

City
THROCKMORTON

State
TX

Zip Code
76483-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.352903

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353671

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, JIMMY, , ,

Mailing Address 1075 MOTORCOACH DRIVE

City
POLK CITY

State
FL

Zip Code
33868-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

662.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353634

Amount of Each Receipt this Period

0.21

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.63

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 458 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOTEN, MOLLY, , ,

Mailing Address 1849 RAINBOW ROAD

City
BISMARCK

State
AR

Zip Code
71929-6739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.50

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353150

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOTEN, MOLLY, , ,

Mailing Address 1849 RAINBOW ROAD

City
BISMARCK

State
AR

Zip Code
71929-6739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.50

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353152

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.352970

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2022

Transaction ID : SA17.353795

Amount of Each Receipt this Period

5087.97

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ADAM, MARIAM, , ,

Mailing Address 4416 EAST BLUEWATER CIRCLE

City
ANAHEIMState
CAZip Code
92807-2829FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2022

Transaction ID : SA17.353924

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, LOREN, , ,

Mailing Address 42 BROOKLYN LANE

City
PALM COASTState
FLZip Code
32137-8723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2022

Transaction ID : SA17.353843

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEGLEY, LINDA, , ,

Mailing Address 403 ROYALE COURT

City
TROY

State
NY

Zip Code
12180-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353939

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEGLEY, LINDA, , ,

Mailing Address 403 ROYALE COURT

City
TROY

State
NY

Zip Code
12180-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353941

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEGLEY, LINDA, , ,

Mailing Address 403 ROYALE COURT

City
TROY

State
NY

Zip Code
12180-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

503.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353942

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BEGLEY, LINDA, , ,**

Mailing Address 403 ROYALE COURT

City
TROYState
NYZip Code
12180-8559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353943

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BONIN, JUDY, , ,**

Mailing Address 187 EDGEFIELD LANE

City

STAUNTON

State

VA

Zip Code

24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353870

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **DAVIS, JOANE, , ,**

Mailing Address 1806 WARRIORS PATH ROAD

City

HARKER HEIGHTS

State

TX

Zip Code

76548-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353837

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

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 462 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOS SANTOS, MARGARET, , ,

Mailing Address 10 FRANKLIN AVENUE

City
MAPLEWOOD

State
NJ

Zip Code
07040-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TEANECK COMMUNITY CHARTER SCHOOL

Occupation (for Individual)

INSTRUCTIONAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.70

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353905

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FULLER, J L, , ,

Mailing Address 65 BINSTED DRIVE

City
MEDFORD

State
NJ

Zip Code
08055-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353865

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARCIA, CATHY, , ,

Mailing Address 1500 E. COLLEGE WAY #530

City
MOUNT VERNON

State
WA

Zip Code
98273-5637

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECS

Occupation (for Individual)
SELF EMP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353919

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLEDHILL, BOYD, , ,

Mailing Address 9447 E WALNUT TREE CIRCLE

City
TUCSON

State
AZ

Zip Code
85749-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353920

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City

FUQUAY VARINA

State
NC

Zip Code
27526-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353822

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUERRERO, ESTRELLA, , ,

Mailing Address 3404 LAKE PARK AVENUE

City

FALLBROOK

State
CA

Zip Code
92028-7852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353965

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

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 464 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMMOND, ANN, , ,

Mailing Address 3304 SHASTA DAM BLVD, #127

City
SHASTA LAKE

State
CA

Zip Code
96019-9595

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353882

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMMOND, ANN, , ,

Mailing Address 3304 SHASTA DAM BLVD, #127

City
SHASTA LAKE

State
CA

Zip Code
96019-9595

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353884

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIGGENBOTHAM, MARTY, , ,

Mailing Address 1629 SHEPHERD ROAD

City
LAKELAND

State
FL

Zip Code
33811-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAI

Occupation (for Individual)
AUCTIONEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353938

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFELD, BRIAN, , ,

Mailing Address 6199 WEST HOLLILYNN DRIVE

City
BOISEState
IDZip Code
83709-7236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353808

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, MICKEY, , ,

Mailing Address 10183 GRATON RD

City
SEBASTOPOLEState
CAZip Code
95472-9305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353875

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ISEMINGER, DAWN, , ,

Mailing Address 2117 WYNNEWOOD DRIVE

City
VALPARAISOState
INZip Code
46385-2826FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353935

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACKSON JR., JAMES, , ,

Mailing Address 4431GARFIELD

City
SAINT LOUIS

State
MO

Zip Code
63113-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353927

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, LES, , ,

Mailing Address 1176 WALLENS CREEK

City
LANSING

State
NC

Zip Code
28643-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.45

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353823

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, LES, , ,

Mailing Address 1176 WALLENS CREEK

City
LANSING

State
NC

Zip Code
28643-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.45

Date of Receipt

09 / 20 / 2022

Transaction ID : SA17.353825

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, LES, , ,

Mailing Address 1176 WALLENS CREEK

City
LANSING

State
NC

Zip Code
28643-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353826

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, JERRY, , ,

Mailing Address 409-42 AVE.

City
GREELEY

State
CO

Zip Code
80634-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O-I

Occupation (for Individual)
MOLD TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353834

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, BARBARA, , ,

Mailing Address 1111 CHERRY HILLS DRIVE

City
LAUREL

State
MT

Zip Code
59044-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353931

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, BARBARA, , ,

Mailing Address 1111 CHERRY HILLS DRIVE

City
LAUREL

State
MT

Zip Code
59044-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353932

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, KEITH, , ,

Mailing Address 8060 HOWARD P ANDERSON ROAD

City
NATHALIE

State
VA

Zip Code
24577-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353861

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOESTER, ROSALIE, , ,

Mailing Address 3720 HILLSIDE

City
SCHERTZ

State
TX

Zip Code
78108-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353947

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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 469 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKENNA, JACQUELINE, , ,

Mailing Address 1004 VINCENT AVENUE

City
BRONX

State
NY

Zip Code
10465-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353954

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCKENNA, JACQUELINE, , ,

Mailing Address 1004 VINCENT AVENUE

City
BRONX

State
NY

Zip Code
10465-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353955

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCKENNA, JACQUELINE, , ,

Mailing Address 1004 VINCENT AVENUE

City
BRONX

State
NY

Zip Code
10465-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

791.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353956

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKENNA, JACQUELINE, , ,

Mailing Address 1004 VINCENT AVENUE

City
BRONX

State
NY

Zip Code
10465-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353957

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSON, SHARON, , ,

Mailing Address PONOX 957

City
BOISE

State
ID

Zip Code
83701-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353863

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTON

State
MO

Zip Code
65020-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2022

Transaction ID : SA17.353796

Amount of Each Receipt this Period

410.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

470.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NIEMI, DENISE, , ,

Mailing Address 104 STEPHENS LANE

City
CRESTVIEWState
FLZip Code
32539-8600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353855

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALERMO, MARK, , ,

Mailing Address 246 GARFIELD PLACD

City
BROOKLYNState
NYZip Code
11215-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LAWYER, INVESTOR, CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353852

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAQUET, DONALD, , ,

Mailing Address 19 LATHAM FARM ROAD

City
SMITHFIELDState
RIZip Code
02917-1001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

352.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353827

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PILAROWSKI, MICHAEL, , ,

Mailing Address 18313 FERNCLIFFE AVE.

City
CLEVELANDState
OHZip Code
44135-3925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SP+Occupation (for Individual)
BUS DRIVER

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
09		20		2022

Transaction ID : SA17.353934

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POZZI, ROBERT, , ,

Mailing Address 3733 FALSTONE ROAD

City
NORTH CHESTERFIELDState
VAZip Code
23234-3769FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353812

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHARDS, SHARON, , ,

Mailing Address 1390 PARK LANE

City
BULLHEAD CITYState
AZZip Code
86442-6636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

356.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353945

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAND, DENNIS, , ,

Mailing Address 74061 D ROAD

City
BERTRANDState
NEZip Code
68927-3573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELLOccupation (for Individual)
FARM

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
09		20		2022

Transaction ID : SA17.353923

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEAMAN, CAROLYN, , ,

Mailing Address 10594 ALLCHIN RD

City
FENWICKState
MIZip Code
48834-9707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353816

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEKELL, LAWRENCE, , ,

Mailing Address 4 WINTER WAY

City
CHAMPIONState
PAZip Code
15622-2088FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353876

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINA, CHRISTINE, , ,

Mailing Address 1167 BAY RIDGE PARKWAY

City
BROOKLYNState
NYZip Code
11228-2337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BCRR HOLDING LLCOccupation (for Individual)
OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353894

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, HOLLIE, , ,

Mailing Address 920. CARRIAGE HOUSE COURT

City
HERSHEYState
PAZip Code
17033-1888FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353810

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACHState
FLZip Code
32550-4813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353858

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

190.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TUDOR, EDGAR, , ,

Mailing Address PO BOX 505090

City
SAIPANState
MPZip Code
96950-4314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353964

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VISOCKY, RICHARD, , ,

Mailing Address 81 S CLARKSON ST

City
FREMONTState
NEZip Code
68025-5727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIED UNIVERSAL SECURITY SERVICESOccupation (for Individual)
SECURITY PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353967

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, KARRIE, , ,

Mailing Address 14 E 75 ST. APT 7E

City
NEW YORKState
NYZip Code
10021-2625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2022

Transaction ID : SA17.353922

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

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 476 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELSEY, JOHN, DAVID, ,

Mailing Address 74 SILL LANE

City
OLD LYME

State
CT

Zip Code
06371-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAMILTON POINT INVESTMENTS

Occupation (for Individual)
INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.353971

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UIHLEIN, ELIZABETH, , ,

Mailing Address PO BOX 52

City
LAKE BLUFF

State
IL

Zip Code
60044-0052

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ULINE

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550000.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.353973

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN ALLIANCE FOR DISABLED CHILDREN

Mailing Address 15255 S 94TH AVE

City
ORLAND PARK

State
IL

Zip Code
60462-3800

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 ▼

12000.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.353972

Amount of Each Receipt this Period

12000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

512000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 477 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OCCIDENTAL PETROLEUM CORPORATION

Mailing Address P.O. BOX 2647

City
HOUSTONState
TXZip Code
77252-2647FEC 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 ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022**Transaction ID : SA17.353970**

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022**Transaction ID : SA17.353976**

Amount of Each Receipt this Period

2024.68

☒ Memo Item
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AIKMAN, PAUL K., , ,

Mailing Address 70 ARROW ROAD, STE 1

City
HILTON HEAD ISLANDState
SCZip Code
29928-7336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIKMAN ROBERTS, CPASOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022**Transaction ID : SA17.354417**

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250000.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARMSTRONG, ERNESTINE, , ,

Mailing Address 4152 LAWHON CT,

City
TUCKERState
GAZip Code
30084-6452FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.25

Date of Receipt

M M	D D	Y Y Y Y
09	21	2022

Transaction ID : SA17.354311

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M	D D	Y Y Y Y
09	21	2022

Transaction ID : SA17.354502

Amount of Each Receipt this Period

1.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M	D D	Y Y Y Y
09	21	2022

Transaction ID : SA17.354503

Amount of Each Receipt this Period

1.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

2.85

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 479 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTA

State
FL

Zip Code
34243-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354506

Amount of Each Receipt this Period

2.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTA

State
FL

Zip Code
34243-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354510

Amount of Each Receipt this Period

0.18

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BABCOCK, PAUL, , ,

Mailing Address P.O. BOX 661

City
SAG HARBOR

State
NY

Zip Code
11963-0017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

PROP MNGMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.70

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354408

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12.43

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 480 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BABCOCK, PAUL, , ,

Mailing Address P.O. BOX 661

City

SAG HARBOR

State

NY

Zip Code

11963-0017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

PROP MNGMNT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

342.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354409

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BABCOCK, PAUL, , ,

Mailing Address P.O. BOX 661

City

SAG HARBOR

State

NY

Zip Code

11963-0017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

PROP MNGMNT

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

342.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354410

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BACZYNSKI, JOHN, , ,

Mailing Address 16316 W. INDIANOLA AVE.

City

GOODYEAR

State

AZ

Zip Code

85395-7657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

370.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354427

Amount of Each Receipt this Period

0.02

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354733

Amount of Each Receipt this Period

0.20

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354736

Amount of Each Receipt this Period

0.20

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

954.32

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354738

Amount of Each Receipt this Period

0.20

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354739

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354480

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354515

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTONState
VAZip Code
24401-6287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354279

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTONState
VAZip Code
24401-6287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354294

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City
CONCORDState
NHZip Code
03301-2731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

277.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354580

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.45

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 484 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354478

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354479

Amount of Each Receipt this Period

1.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

409.45

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354481

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAREY, ILDIKO, , ,

Mailing Address 135 JAMES DRIVE

City
SAYLORSBURG

State
PA

Zip Code
18353-7773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354762

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARK

State
AR

Zip Code
72949-8145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354091

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CATON, ROBERT, , ,

Mailing Address 7373 E US HIGHWAY 60 LOT 60

City
GOLD CANYON

State
AZ

Zip Code
85118-9092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354074

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.95

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 486 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CATON, ROBERT, , ,

Mailing Address 7373 E US HIGHWAY 60 LOT 60

City
GOLD CANYON

State
AZ

Zip Code
85118-9092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354452

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORY, JAY, , ,

Mailing Address 435 WILLOW VISTA DRIVE

City
EL LAGO

State
TX

Zip Code
77586-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354295

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORY, JAY, , ,

Mailing Address 435 WILLOW VISTA DRIVE

City
EL LAGO

State
TX

Zip Code
77586-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354897

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUSTState
NCZip Code
28097-9432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354672

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUSTState
NCZip Code
28097-9432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354673

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ENGLE, NANCY, , ,

Mailing Address 4240 PRESCOTT AVE, 4B

City
DALLASState
TXZip Code
75219-2377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

426.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354028

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.45

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 488 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FITZGERALD, TERRELL A, , ,

Mailing Address 3933 E. AZ. HIGHWAY 260

City
STAR VALLEY

State
AZ

Zip Code
85541-2495

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.40

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354331

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354265

Amount of Each Receipt this Period

0.03

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORDON, LOUISE, , ,

Mailing Address 4075 BROOKS MILL DRIVE

City
LITHONIA

State
GA

Zip Code
30038-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.09

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354037

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINAState
NCZip Code
27526-4849FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354530

Amount of Each Receipt this Period

0.05

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354657

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARKState
TXZip Code
77536-4777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354476

Amount of Each Receipt this Period

0.01

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.16

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 490 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEARTQUIST, PAUL, , ,

Mailing Address 6732 SOUTH PEBBLE BEACH DRIVE

City
CHANDLER

State
AZ

Zip Code
85249-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354192

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERD, CATHI, , ,

Mailing Address 6689 BUSHTON STREET

City
NAVARRE

State
FL

Zip Code
32566-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354085

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, THERESA, , ,

Mailing Address PAO BOX 2723

City
SHALLOTTE

State
NC

Zip Code
28459-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRITE PROPERTIES

Occupation (for Individual)
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

542.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354296

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA AVE

City
TARPON SPRINGSState
FLZip Code
34689-2126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354719

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354283

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354284

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.35

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 492 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354285

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354286

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354288

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.25

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354290

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINGSBURY, JOHN, , ,

Mailing Address 23303 W BOCANA ST.

City
MALIBUState
CAZip Code
90265-3031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354325

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLEState
WAZip Code
98112-4525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354918

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, WAYNE, , ,

Mailing Address 3726 LAS VEGAS BLVD S. UNIT 1508

City
LAS VEGAS

State
NV

Zip Code
89158-4352

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354674

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANGOLD, MARIE, , ,

Mailing Address 5101 239TH PL SW

City
MOUNTLAKE TERRACE

State
WA

Zip Code
98043-5624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354105

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354118

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354121

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354124

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354126

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

15.00

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 496 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKI

State
TN

Zip Code
38478-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHS

Occupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354127

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City
SPICEWOOD

State
TX

Zip Code
78669-1491

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.60

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354041

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUMENTHALER, FREDERICK, , ,

Mailing Address 100 OXFORD ROAD

City
LANSDALE

State
PA

Zip Code
19446-4758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

919.20

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.353983

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUMENTHALER, FREDERICK, , ,

Mailing Address 100 OXFORD ROAD

City
LANSDALEState
PAZip Code
19446-4758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.353985

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIEMEYER, GREG, , ,

Mailing Address 7908 STANFORD

City
DALLASState
TXZip Code
75225-8210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOORE-HARALSONOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354345

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLANDState
MAZip Code
02370-1505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354043

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.50

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 498 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354250

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.04

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354251

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSTER, MARLENE, , ,

Mailing Address 2859 DAISYBROOK ST NW

City
NORTH CANTON

State
OH

Zip Code
44720-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSTER ENTERPRISES

Occupation (for Individual)
OFFICE MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.04

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354781

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.45

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 499 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTERLOH, RITA, , ,

Mailing Address 2020 ARROWHEAD DRIVE

City
OAKLAND

State
CA

Zip Code
94611-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.15

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.353981

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354846

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354847

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354848

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISE

State
AZ

Zip Code
85374-4565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354377

Amount of Each Receipt this Period

0.45

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RAYTHEON

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

797.85

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.353997

Amount of Each Receipt this Period

0.20

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POZZI, ROBERT, , ,

Mailing Address 3733 FALSTONE ROAD

City
NORTH CHESTERFIELD

State
VA

Zip Code
23234-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354830

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PUGH, REBECCA, , ,

Mailing Address 606 SOUTH WALNUT STREET

City
NOWATA

State
KS

Zip Code
66762-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354337

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIGBY, RALPH, , ,

Mailing Address 7133 BARNWELL PLACE

City
FAYETTEVILLE

State
NC

Zip Code
28303-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

376.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354755

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIGBY, RALPH, , ,

Mailing Address 7133 BARNWELL PLACE

City
FAYETTEVILLE

State
NC

Zip Code
28303-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.05

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354758

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIGBY, RALPH, , ,

Mailing Address 7133 BARNWELL PLACE

City
FAYETTEVILLE

State
NC

Zip Code
28303-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.05

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354760

Amount of Each Receipt this Period

4.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIGBY, RALPH, , ,

Mailing Address 7133 BARNWELL PLACE

City
FAYETTEVILLE

State
NC

Zip Code
28303-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

376.05

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354766

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIGBY, RALPH, , ,

Mailing Address 7133 BARNWELL PLACE

City
FAYETTEVILLE

State
NC

Zip Code
28303-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354767

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSEN, CARL, , ,

Mailing Address 2046 US HWY 441N

City
DUBLIN

State
GA

Zip Code
31021-0347

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARL VINSON VA

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354578

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, ERROL, , ,

Mailing Address 265 CONKLIN ST

City
FARMINGDALE

State
NY

Zip Code
11735-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

521.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354787

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COASTState
FLZip Code
32137-2702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354397

Amount of Each Receipt this Period

0.02

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHERB, LOUIS, , ,

Mailing Address 800 WAUKEGAN RD STE 205

City
GLENVIEWState
ILZip Code
60025-4387FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		21		2022

Transaction ID : SA17.354872

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHILLING, DIANA, , ,

Mailing Address 19 AZALEA DR.

City
KEY WESTState
FLZip Code
33040-6206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354301

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.17

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 505 OF 1421

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAFFER JR, DONALD. G. , ,

Mailing Address 492 S. SMITH RD

City
WAYMARTState
PAZip Code
18472-6011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NICHOLAS TRUCKINGOccupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022**Transaction ID : SA17.354086**

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAFFER JR, DONALD. G. , ,

Mailing Address 492 S. SMITH RD

City
WAYMARTState
PAZip Code
18472-6011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NICHOLAS TRUCKINGOccupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022**Transaction ID : SA17.354087**

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAFFER JR, DONALD. G. , ,

Mailing Address 492 S. SMITH RD

City
WAYMARTState
PAZip Code
18472-6011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NICHOLAS TRUCKINGOccupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022**Transaction ID : SA17.354089**

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAFFER JR, DONALD. G, , ,

Mailing Address 492 S. SMITH RD

City
WAYMART

State
PA

Zip Code
18472-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NICHOLAS TRUCKING

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354090

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAFFER JR, DONALD. G, , ,

Mailing Address 492 S. SMITH RD

City
WAYMART

State
PA

Zip Code
18472-6011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NICHOLAS TRUCKING

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354093

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STINNETT, LINDA, , ,

Mailing Address P O BOX 1270

City
SNEADS FERRY

State
NC

Zip Code
28460-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354562

Amount of Each Receipt this Period

0.11

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

200.11

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 507 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354280

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354458

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354463

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIERNEY, MATTHEW, , ,

Mailing Address 401 RED CEDAR COURT

City
NASHVILLEState
TNZip Code
37214-4023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354832

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354941

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354942

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354945

Amount of Each Receipt this Period

8.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUDEL, PATRICIA, , ,

Mailing Address 4303 NE BIRDHAVEN

City
NEWBERGState
ORZip Code
97132-6993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354946

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALRAVEN, MARY, , ,

Mailing Address P O BOX 189

City
THROCKMORTONState
TXZip Code
76483-0189FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

392.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354109

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

9.35

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 510 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALRAVEN, MARY, , ,

Mailing Address P O BOX 189

City
THROCKMORTON

State
TX

Zip Code
76483-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354110

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTH

State
PA

Zip Code
19072-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354509

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354706

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.90

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 511 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354953

Amount of Each Receipt this Period

34682.75

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AHN, ROGER, , ,

Mailing Address 2807 NORTH 160 STREET

City
OMAHA

State
NE

Zip Code
68116-2061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.355161

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLISON, SHIRLEY, , ,

Mailing Address 2304 JUANITA AVENUE

City
SAN ANGELO

State
TX

Zip Code
76901-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1239.65

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354968

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BECKWITH, SUSAN A., , ,

Mailing Address 110 JONES CT

City
CENTRAL

State
SC

Zip Code
29630-9094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PERSONAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2022

Transaction ID : SA17.355067

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BILLING, PATRICIA B., , ,

Mailing Address 613 FOX RUN DR.

City
JONESBORO

State
AR

Zip Code
72404-0511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2022

Transaction ID : SA17.355015

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOBEE, THOMAS. G., , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2022

Transaction ID : SA17.355133

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355143

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355145

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BYRNES, ROBERT, , ,

Mailing Address 4555 E MAYO BLVD UNIT 34101

City
PHOENIX

State
AZ

Zip Code
85050-3788

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

620.35

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355026

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354978

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CURTIN, TERRY, , ,

Mailing Address 2935 SCATTERED OAKS STREET

City
SAN ANTONIOState
TXZip Code
78232-3202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DODOccupation (for Individual)
ATTORNEY

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
09		21		2022

Transaction ID : SA17.355081

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNHAM, BRIDGET, , ,

Mailing Address 18110 NW CORNELL ROAD, UNIT H

City
BEAVERTONState
ORZip Code
97006-8657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IDEAL IMAGEOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355023

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNHAM, BRIDGET, , ,

Mailing Address 18110 NW CORNELL ROAD, UNIT H

City
BEAVERTON

State
OR

Zip Code
97006-8657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IDEAL IMAGE

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355025

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355121

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.377066

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355122

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM., , ,

Mailing Address 4013 KRISTEN

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355124

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDNER, MARK., , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355052

Amount of Each Receipt this Period

3.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

23.00

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 517 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAHAM, BETTY, , ,

Mailing Address 63240 HIGHPOINT DRIVE

City
ANGIEState
LAZip Code
70426-1760FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355063

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAY, MICHAEL, , ,

Mailing Address 151 PYTHIAN AVE HAWTHORNE N.Y

City
THORNWOODState
NYZip Code
10594-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EAST COAST ROOFINGOccupation (for Individual)
ROOFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355029

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRIS, ANITA, , ,

Mailing Address 4064 APPALACHIAN DRIVE

City
BROOKSVILLEState
FLZip Code
34602-9133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355159

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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 518 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355127

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355147

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355148

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

65.00

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 519 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. INGOLD, KENNETH, , ,

Mailing Address 6168 GRAND CYPRESS BLVD

City
NORTH PORT

State
FL

Zip Code
34287-5785

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354971

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, GLORIA, , ,

Mailing Address 4673 PIERSON DRIVE

City
OOLTEWAH

State
TN

Zip Code
37363-8881

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354998

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOUBERT, CHRISTIANE, , ,

Mailing Address 72960 FRED WARING DR., #6

City
PALM DESERT

State
CA

Zip Code
92260-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EISENHOWER HEALTH

Occupation (for Individual)
FUNDRAISING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355142

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JUSTICE, CHRISTINE, , ,

Mailing Address 8701 NORTH CLEAR CREEK ROAD

City
HUNTINGTON

State
IN

Zip Code
46750-9739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355102

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KASPARECK, MARION, , ,

Mailing Address 17 EAST SHELL WAY

City
LAVALLETTE

State
NJ

Zip Code
08735-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354976

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLINE, MARCIA, , ,

Mailing Address 4042 CAISSONS COURT

City
ENOLA

State
PA

Zip Code
17025-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354967

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNOEBEL, RICHARD, , ,

Mailing Address 206 KNOEBELS BOULEVARD

City
ELYSBURG

State
PA

Zip Code
17824-7125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355004

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMY, HAROLD, , ,

Mailing Address 5815 CANAL BLVD

City
NEW ORLEANS

State
LA

Zip Code
70124-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355060

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAWRENCE, MARJORIE, , ,

Mailing Address 2224 CRAIG DRIVE

City
CONCORD

State
CA

Zip Code
94518-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

453.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355007

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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 522 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANFRE, MARC, , ,

Mailing Address 28372 LA FALDA

City
LAGUNA NIGUEL

State
CA

Zip Code
92677-4408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355099

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURG

State
OR

Zip Code
97471-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355186

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NESBITT, BOBBI, , ,

Mailing Address 423 VICTORIA ST

City
WEST MIFFLIN

State
PA

Zip Code
15122-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TCV

Occupation (for Individual)
SUPPORTED HOUSING SPECIALISR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355160

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICHOLS, SUSAN, , ,

Mailing Address 501 JAMAICA WAY

City
BAKERSFIELD

State
CA

Zip Code
93309-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.70

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354977

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354987

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354989

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354990

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORTHROP, RON, , ,

Mailing Address 2370 BATTERING ROCK RD

City
TEMPLETON

State
CA

Zip Code
93465-8370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355018

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.354969

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEDERSEN, WILLIAM, , ,

Mailing Address 374 LOCHWOOD DRIVE

City
CAMANO ISLAND

State
WA

Zip Code
98282-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.70

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354954

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, RICHARD, , ,

Mailing Address 1906 EAST MAIN

City
MEDFORD

State
OR

Zip Code
97504-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355065

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PITTMAN, DON, , ,

Mailing Address 813 FOXWOOD L

City
LEWISVILLE

State
TX

Zip Code
75067-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355075

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPA

State
CA

Zip Code
94559-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355037

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPA

State
CA

Zip Code
94559-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355038

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIAZA, VIRGINIA, , ,

Mailing Address 5032 EAST ROY ROGERS ROAD

City
CAVE CREEK

State
AZ

Zip Code
85331-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA17.355047

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

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 527 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 43 RICHARD ST

City
FARMINGDALE

State
NY

Zip Code
11735-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLE

Occupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.50

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.355152

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABADIE, CARLOS, , ,

Mailing Address 1641 VELA COVE

City
SLIDELL

State
LA

Zip Code
70458-6219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.20

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.355005

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPP, MARY, , ,

Mailing Address 1305 BERON DR.

City
METAIRIE

State
LA

Zip Code
70003-5513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

948.05

Date of Receipt

09 / **21** / **2022**

Transaction ID : SA17.354996

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEAMAN, CAROLYN, , ,

Mailing Address 10594 ALLCHIN RD

City
FENWICKState
MIZip Code
48834-9707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355034

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILVA, SYLVIA, , ,

Mailing Address 806 TERRACE LANE

City
HARLINGENState
TXZip Code
78550-5858FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355109

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILVERMAN, JEFFREY, L., ,

Mailing Address 1445 16TH ST. APT. 1102

City
MIAMI BEACHState
FLZip Code
33139-2288FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355140

Amount of Each Receipt this Period

30000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

30040.00

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 529 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLAUGHTER, FRANCES, , ,

Mailing Address 219 CR655

City
BRAZORIAState
TXZip Code
77422-7666FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355028

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEIDEL, CLAIRE, , ,

Mailing Address 10040 E HAPPY VALLEY RD

City
SCOTTSDALEState
AZZip Code
85255-2395FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
DOG JUDGE/WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355151

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STOWERS, SHELIA, , ,

Mailing Address 8121 WOODCLIFF TRAIL

City
RIVERDALEState
GAZip Code
30274-4150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355171

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACHState
FLZip Code
32550-4813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355012

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, MARILYN, , ,

Mailing Address 6859 RALARIC DRIVE

City
DEXTERState
MIZip Code
48130-9689FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		21		2022

Transaction ID : SA17.354983

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNEY, MATTHEW, , ,

Mailing Address 401 RED CEDAR COURT

City
NASHVILLEState
TNZip Code
37214-4023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

502.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355053

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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 531 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN DENEND, GARY, , ,

Mailing Address 133 NORTH 3RD STREET

City
RIPLEY

State
OH

Zip Code
45167-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLENRO INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2829.25

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355027

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN DENEND, GARY, , ,

Mailing Address 133 NORTH 3RD STREET

City
RIPLEY

State
OH

Zip Code
45167-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLENRO INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2829.25

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355146

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, RYAN, , ,

Mailing Address 2030 NORTH SCENIC DRIVE

City
MUSKEGON

State
MI

Zip Code
49445-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUALITY UNDERGROUND

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.354997

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOODRUFF, ROSEMARY, , ,

Mailing Address 6306 VILLA FONTANA STREET

City
GREENVILLE

State
TX

Zip Code
75402-6828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355185

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTH

State
PA

Zip Code
19072-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355006

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WYLIE, NANCY, , ,

Mailing Address 3300 CASTLEWOOD BLVD

City
HIGHLAND VILLAGE

State
TX

Zip Code
75077-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 21 / 2022

Transaction ID : SA17.355156

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YANEZ, OLGA, , ,

Mailing Address 9655 CAMERON ST

City
RANCHO CUCAMONGAState
CAZip Code
91730-5624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354958

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YANEZ, OLGA, , ,

Mailing Address 9655 CAMERON ST

City
RANCHO CUCAMONGAState
CAZip Code
91730-5624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.355073

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZABIK, MARY, , ,

Mailing Address 11985 LAKESHORE DRIVE

City
CHARLEVOIXState
MIZip Code
49720-9794FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

827.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2022

Transaction ID : SA17.354962

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

40.00

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 534 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA. AVE

City
TARPON SPRINGS

State
FL

Zip Code
34689-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.377292

Amount of Each Receipt this Period

- 0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA. AVE

City
TARPON SPRINGS

State
FL

Zip Code
34689-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.377293

Amount of Each Receipt this Period

- 0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCANN, KATHLEEN , JONES, ,

Mailing Address 88080 HEATHER DR

City
SPRINGFIELD

State
OR

Zip Code
97478-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SENECA SAWMILL CO

Occupation (for Individual)
CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.359403

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49999.30

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONSTITUTION AVE. NW
STE. 500 W

City
WASHINGTON

State
DC

Zip Code
20001-2133

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.360356

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355192

Amount of Each Receipt this Period

2405.42

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

C. ARGYLE, ROSELYN, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3140 SOUTH BRENNAN ROAD

City
HEMLOCK

State
MI

Zip Code
48626-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AD HOME HEALTH CARE

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

615.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356216

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250000.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356169

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356171

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356172

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356173

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356174

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356175

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356176

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELAND

State
TN

Zip Code
37312-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355879

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELAND

State
TN

Zip Code
37312-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355881

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELAND

State
TN

Zip Code
37312-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355883

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELAND

State
TN

Zip Code
37312-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355885

Amount of Each Receipt this Period

1.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELAND

State
TN

Zip Code
37312-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355886

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELANDState
TNZip Code
37312-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2022

Transaction ID : SA17.355887

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARNETT, RONALD, , ,

Mailing Address 3530 CROWN COLONY DR.

City
CLEVELANDState
TNZip Code
37312-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2022

Transaction ID : SA17.355888

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BABCOCK, PAUL, , ,

Mailing Address P.O. BOX 661

City
SAG HARBORState
NYZip Code
11963-0017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
PROP MNGMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2022

Transaction ID : SA17.356183

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BABCOCK, PAUL, , ,

Mailing Address P.O. BOX 661

City
SAG HARBOR

State
NY

Zip Code
11963-0017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PROP MNGMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356184

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BACZYNSKI, JOHN, , ,

Mailing Address 16316 W. INDIANOLA AVE.

City
GOODYEAR

State
AZ

Zip Code
85395-7657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356238

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356207

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356208

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356209

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356210

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356211

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356212

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356213

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

26.00

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 544 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355972

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355941

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355640

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356246

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355947

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVE, , ,

Mailing Address 8673 WEST FAWN BROOK STREET

City
BOISE

State
ID

Zip Code
83714-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6341.95

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356178

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORNELL, JEANIE, , ,

Mailing Address 200 CONGRESS AVE

City
AUSTINState
TXZip Code
78701-4527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355239

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORY, JAY, , ,

Mailing Address 435 WILLOW VISTA DRIVE

City
EL LAGOState
TXZip Code
77586-6019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355346

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORY, JAY, , ,

Mailing Address 435 WILLOW VISTA DRIVE

City
EL LAGOState
TXZip Code
77586-6019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355364

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

1.15

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 547 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEGRAFFT, JANE E, , ,

Mailing Address 1001 MIDDLEFORD RD

City
SEAFORD

State
DE

Zip Code
19973-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.20

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355238

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ECHOLS, ELIZABETH, , ,

Mailing Address 369 HUNTINGTON LAKE CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.88

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355959

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City

LOCUST

State

NC

Zip Code

28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.78

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355230

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUST

State
NC

Zip Code
28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355231

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLE, JOHN, , ,

Mailing Address 10428 LONGWOOD DRIVE

City
LAS VEGAS

State
NV

Zip Code
89134-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356075

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELLE, JOHN, , ,

Mailing Address 10428 LONGWOOD DRIVE

City
LAS VEGAS

State
NV

Zip Code
89134-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356237

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FABRETTI, RONALD, , ,

Mailing Address 1205 HONEOYE FALLS FIVE PT RD

City
HONEOYE FALLS

State
NY

Zip Code
14472-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GETINGE AB

Occupation (for Individual)
SERVICE TECH II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.75

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355290

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERRARA, KATHY, , ,

Mailing Address 161 SPRING GLEN

City
SHELTON

State
CT

Zip Code
06484-3886

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECHN

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.25

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355967

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYN

State
NY

Zip Code
11234-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356128

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLESState
ILZip Code
61341-1594FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.355339

Amount of Each Receipt this Period

3.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, MARY, , ,

Mailing Address 350 ANNHURST DR.

City
DANVILLEState
VAZip Code
24540-1234FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.30

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.355333

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORDON, LOUISE, , ,

Mailing Address 4075 BROOKS MILL DRIVE

City
LITHONIAState
GAZip Code
30038-4143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.09

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.355404

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

3.77

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:
(check only one)

PAGE 551 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355688

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355689

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356222

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356224

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONTState
ILZip Code
61568-8560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355398

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONTState
ILZip Code
61568-8560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355400

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.35

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356192

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City

PHILPOT

State

KY

Zip Code

42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355260

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City

PHILPOT

State

KY

Zip Code

42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355261

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355262

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, THERESA, , ,

Mailing Address PAO BOX 2723

City
SHALLOTTE

State
NC

Zip Code
28459-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRITE PROPERTIES

Occupation (for Individual)
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.75

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355657

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.53

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355330

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, WARREN, , ,

Mailing Address 7684 CHANTELE LANE

City
ROSCOE

State
IL

Zip Code
61073-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356088

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA. AVE

City

TARPON SPRINGS

State

FL

Zip Code

34689-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355994

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City

HOUSTON

State

TX

Zip Code

77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355981

Amount of Each Receipt this Period

2.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355984

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355985

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356066

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

7.85

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 557 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356067

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356069

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356072

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356073

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356074

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAESGEN, DIETER, , ,

Mailing Address 19460 FRAZIER

City
ROCKY RIVER

State
OH

Zip Code
44116-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

577.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356194

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANDSAW, RUTH W., , ,

Mailing Address 14481 DAWN HILL ROAD

City

SILOAM SPRINGS

State

AR

Zip Code

72761-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.355386

Amount of Each Receipt this Period

0.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, STUART, , ,

Mailing Address 1575 ROBSHEAL DRIVE

City

SAN JOSE

State

CA

Zip Code

95125-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HI DEF AUDIO VIDEO

Occupation (for Individual)

SALES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

265.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.355484

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LINDSEY, TOMMY, , ,

Mailing Address 11222 LONG BRANCH DRIVE

City

AUSTIN

State

TX

Zip Code

78736-6505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.355459

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTLEJOHN, JOHN, , ,

Mailing Address P.O. BOX 276

City
MOORESVILLE

State
IN

Zip Code
46158-0276

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.35

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355575

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356076

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356220

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City

THE VILLAGES

State

FL

Zip Code

32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355341

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City

THE VILLAGES

State

FL

Zip Code

32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355343

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City

THE VILLAGES

State

FL

Zip Code

32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355345

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / **22** / **2022**

Transaction ID : SA17.355444

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / **22** / **2022**

Transaction ID : SA17.355446

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / **22** / **2022**

Transaction ID : SA17.355447

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355448

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355450

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355451

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

15.15

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 564 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.355452

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City
SPICEWOODState
TXZip Code
78669-1491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NOT EMPLOYED

Occupation (for Individual)

R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.355226

Amount of Each Receipt this Period

0.45

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAUGLE, MARVIN, , ,

Mailing Address 737 BRANDON CIR

City
LEBANONState
MOZip Code
65536-5123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1114.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.355247

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAUGLE, MARVIN, , ,

Mailing Address 737 BRANDON CIR

City
LEBANON

State
MO

Zip Code
65536-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.12

Date of Receipt

09 / **22** / **2022**

Transaction ID : SA17.356204

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OAK, PATRICIA H, , ,

Mailing Address 1586 DEERHAVEN 2185

City
NORTH LOGAN

State
UT

Zip Code
84341-2185

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.20

Date of Receipt

09 / **22** / **2022**

Transaction ID : SA17.355638

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.85

Date of Receipt

09 / **22** / **2022**

Transaction ID : SA17.355349

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.25

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 566 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355351

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POLLY, MARY, , ,

Mailing Address 8080 E CORTE DE LA FAMILIA

City
TUCSON

State
AZ

Zip Code
85750-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYTHEON

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355242

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POOL, DONALD, , ,

Mailing Address 10429 SALINAS RIVER CIRCLE

City
FOUNTAIN VALLEY

State
CA

Zip Code
92708-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355790

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.35

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 567 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355476

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355477

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355478

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

22.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355479

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355480

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355481

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1.05

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 569 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELLState
OKZip Code
73080-8405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANEOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355489

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355276

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355277

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICHARDS, MARY, , ,

Mailing Address 330 SIXTH ST S

City
NAPLES

State
FL

Zip Code
34102-6349

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355443

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COAST

State
FL

Zip Code
32137-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356060

Amount of Each Receipt this Period

0.04

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355240

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356165

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356166

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City
MUSCLE SHOALS

State
AL

Zip Code
35661-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355271

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City

MUSCLE SHOALS

State

AL

Zip Code

35661-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355707

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARTZ, ROBERT, , ,

Mailing Address 7706 W OLD CABIN RD

City

WORLEY

State

ID

Zip Code

83876-8861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355263

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City

MARSING

State

ID

Zip Code

83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

544.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356130

Amount of Each Receipt this Period

0.07

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STELLABOTT, ROBERT, , ,

Mailing Address 2405 BLUFFTON CT.

City
LAS VEGASState
NVZip Code
89134-7234FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355920

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAHState
TXZip Code
77381-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355454

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAHState
TXZip Code
77381-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355456

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **STRIETZEL, MARILYN, , ,**

Mailing Address 14642 474TH AVENUE

City
MILBANK

State
SD

Zip Code
57252-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355383

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **TANNER SR, DONALD, , ,**

Mailing Address 130 SOUTHERN HILLS DR.

City
LUCEDALE

State
MS

Zip Code
39452-4581

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FMT

Occupation (for Individual)
BOAT OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355460

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **TSCHETTER, NANCY E, , ,**

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355519

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.80

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 575 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355520

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355555

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355576

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1.30

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 576 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355858

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356225

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356228

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356229

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TYPER, DONALD, , ,

Mailing Address 410 NO WEAVER ST

City
HESSTONState
KSZip Code
67062-9041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLC REAL ESTATEOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355560

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TYPER, DONALD, , ,

Mailing Address 410 NO WEAVER ST

City
HESSTONState
KSZip Code
67062-9041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLC REAL ESTATEOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.355561

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355368

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356163

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.355495

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355501

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355506

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITAKER, CINDY, , ,

Mailing Address 3628 COUNTY ROAD 2208

City
GREENVILLE

State
TX

Zip Code
75402-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.19

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.355989

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356131

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356267

Amount of Each Receipt this Period

8755.50

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356536

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAYLESS, CAROLYN, , ,

Mailing Address 1541 MONCREY AVE.

City
LEAGUE CITY

State
TX

Zip Code
77573-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356358

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BORGELT, VIRGINIA, , ,

Mailing Address 6200 TYRONE.

City
YPSILANTI

State
MI

Zip Code
48197-8941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356492

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BREADY, MICHAEL, , ,

Mailing Address 36334 THRASHER LANE

City
OCEAN VIEW

State
DE

Zip Code
19970-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

283.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356287

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BREWER, VAN B, , ,

Mailing Address 4590 S DANYELL DR.

City
CHANDLER

State
AZ

Zip Code
85249-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356294

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, MICHAEL, , ,

Mailing Address 3353 RACHEL LANE

City
KATY

State
TX

Zip Code
77493-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356318

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356328

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356453

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIREState
GAZip Code
31005-4033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356542

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHARLIE JR, PHILLIP C, , ,

Mailing Address P.O. BOX 8075

City
TUNTUTULIAKState
AKZip Code
99680-0075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356417

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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 584 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLAYBAUGH, WILLIAM J, , ,

Mailing Address 56641 858TH RD

City
CARROLL

State
NE

Zip Code
68723-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TWJ FARMS

Occupation (for Individual)
FARMER/RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356307

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, ERIC, , ,

Mailing Address 2720 ARGUELLO DRIVE

City
BURLINGAME

State
CA

Zip Code
94010-5816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ENGINEER

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
09 / 22 / 2022

Transaction ID : SA17.356310

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUNNINGHAM, LESLIE, , ,

Mailing Address 2022 CAMELOT DR.

City
CLEARWATER

State
FL

Zip Code
33763-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF FLORIDA

Occupation (for Individual)
ANALYST

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
09 / 22 / 2022

Transaction ID : SA17.356545

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

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 585 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CURTIS, CAROL, , ,

Mailing Address 285 LITTLE ANDORRA ROAD

City
EDWARDS

State
CO

Zip Code
81632-6256

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356292

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIGIRALOMO, SAM, , ,

Mailing Address 31988 RED TAIL

City
SORRENTO

State
FL

Zip Code
32776-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356388

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIGIRALOMO, SAM, , ,

Mailing Address 31988 RED TAIL

City
SORRENTO

State
FL

Zip Code
32776-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356423

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DILEONARDO, ELLA, , ,

Mailing Address 8278 SE ANGELINA COURT

City
HOBE SOUND

State
FL

Zip Code
33455-8946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356323

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EARL, NORA, , ,

Mailing Address 226 ALEXANDRIA PLACE DRIVE

City
APOPKA

State
FL

Zip Code
32712-4872

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.60

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356559

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUST

State
NC

Zip Code
28097-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.78

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356290

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUSTState
NCZip Code
28097-9432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356291

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356394

Amount of Each Receipt this Period

22.24

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ETHIER, J MICHAEL, , ,

Mailing Address 137 CEDARMONT WAY

City
DALLASState
GAZip Code
30132-0549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356434

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

37.24

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 588 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. EVERETT, WILLIAM, , ,

Mailing Address 107 WOODBURN DRIVE

City
HAMPTON

State
VA

Zip Code
23664-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2152.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356552

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FABRETTI, RONALD, , ,

Mailing Address 1205 HONEOYE FALLS FIVE PT RD

City
HONEOYE FALLS

State
NY

Zip Code
14472-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GETINGE AB

Occupation (for Individual)
SERVICE TECH II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356510

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINKELSTEIN, SARAH, , ,

Mailing Address 21 GEORGE STREET

City
CHARLESTON

State
SC

Zip Code
29401-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

703.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356461

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINKELSTEIN, SARAH, , ,

Mailing Address 21 GEORGE STREET

City
CHARLESTON

State
SC

Zip Code
29401-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356473

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FULLER, J L, , ,

Mailing Address 65 BINSTED DRIVE

City
MEDFORD

State
NJ

Zip Code
08055-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356319

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAROFALO, LAURIE, , ,

Mailing Address 45 WESTCLIFF DRIVE

City
HUNTINGTON STATION

State
NY

Zip Code
11746-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356503

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

90.00

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 590 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYN

State
NY

Zip Code
11234-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356414

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEHRING, MARGERY, , ,

Mailing Address 10404 LAKE LOUISA ROAD

City
CLERMONT

State
FL

Zip Code
34711-8937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356347

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City
STAMFORD

State
CT

Zip Code
06902-8020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

368.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356401

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City
STAMFORD

State
CT

Zip Code
06902-8020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356402

Amount of Each Receipt this Period

55.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City
STAMFORD

State
CT

Zip Code
06902-8020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356403

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City
STAMFORD

State
CT

Zip Code
06902-8020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

368.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356404

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALLENBECK, GEORGE, , ,

Mailing Address 22 VAN RENSSELAER AVE

City
STAMFORDState
CTZip Code
06902-8020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356405

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONTState
ILZip Code
61568-8560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356364

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONTState
ILZip Code
61568-8560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356373

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWRYLO, JOHN, , ,

Mailing Address 161 BUCKHAVEN DRIVE

City

CANYON LAKE

State

TX

Zip Code

78133-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356426

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFELD, BRIAN, , ,

Mailing Address 6199 WEST HOLLILYNN DRIVE

City

BOISE

State

ID

Zip Code

83709-7236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356288

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JENSEN, JOSEPH, , ,

Mailing Address 310 BENEDICT DRIVE SOUTHWEST

City

POPLAR GROVE

State

IL

Zip Code

61065-8539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356361

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 594 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JESALVA, CHITA, , ,

Mailing Address 22309 92ND AVENUE WEST

City
EDMONDSState
WAZip Code
98020-4504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356337

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JESALVA, CHITA, , ,

Mailing Address 22309 92ND AVENUE WEST

City
EDMONDSState
WAZip Code
98020-4504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356339

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JESALVA, CHITA, , ,

Mailing Address 22309 92ND AVENUE WEST

City
EDMONDSState
WAZip Code
98020-4504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

453.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356340

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

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 595 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JESALVA, CHITA, , ,

Mailing Address 22309 92ND AVENUE WEST

City
EDMONDS

State
WA

Zip Code
98020-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356341

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA. AVE

City

TARPON SPRINGS

State
FL

Zip Code
34689-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356413

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, LARRY, , ,

Mailing Address 1985 MOUNT ZION CHURCH ROAD

City

NASHVILLE

State
NC

Zip Code
27856-7666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356322

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JUREN, JOEL, , ,

Mailing Address 10510 SEDGEBROOK DR.

City
RIVERVIEWState
FLZip Code
33569-8700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356272

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANDRY, GEORGE, , ,

Mailing Address 2311 S FARNSWORTH DR. #81

City
MESAState
AZZip Code
85209-5063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356425

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECLERT, NADINE, , ,

Mailing Address 7900 SW 81STAVE TRLR 164

City
AMARILLOState
TXZip Code
79119-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356539

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

115.00

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 597 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECLERT, NADINE, , ,

Mailing Address 7900 SW 81STAVE TRLR 164

City
AMARILLOState
TXZip Code
79119-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.356540

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, HOGUE, , ,

Mailing Address 5931 LITTLE BRANDYWINE CRK

City
SAN ANTONIOState
TXZip Code
78233-5125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.356442

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAHONEY, ROBERT, , ,

Mailing Address 92 VILLAGE GREEN WAY

City
HAZLETState
NJZip Code
07730-1218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.356420

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

62.00

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 598 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAKOOL, JJ, , ,

Mailing Address P.O. BOX 815

City
OTIS ORCHARDS

State
WA

Zip Code
99027-0815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	2		2	0	2	2		

Transaction ID : SA17.356408

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYNARD, JACQUELYNE, , ,

Mailing Address 401 HAMMACK DRIVE

City
AUSTIN

State
TX

Zip Code
78752-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5609.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	2		2	0	2	2		

Transaction ID : SA17.356293

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAYNARD, JACQUELYNE, , ,

Mailing Address 401 HAMMACK DRIVE

City
AUSTIN

State
TX

Zip Code
78752-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5609.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	2		2	0	2	2		

Transaction ID : SA17.356452

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCFILLIN, JAMES, , ,

Mailing Address 45483 BRAWNY ST

City
GREAT MILLS

State
MD

Zip Code
20634-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DELEX SYSTEMS

Occupation (for Individual)
PROGRAM MANAGER

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
09 / 22 / 2022

Transaction ID : SA17.356309

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEDCALF, JACK, , ,

Mailing Address 201 S LEE ST

City
VALLEY VIEW

State
TX

Zip Code
76272-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356398

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City
SAFETY HARBOR

State
FL

Zip Code
34695-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356275

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City
SAFETY HARBOR

State
FL

Zip Code
34695-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356366

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORIARTY, JAMES, , ,

Mailing Address 9056 SYLVANIA METAMORA RD

City
SYLVANIA

State
OH

Zip Code
43560-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356297

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORRISON, LYNN, , ,

Mailing Address 9600 NUMBER 5 SCHOOL ROAD NORTHWES

City
ASH

State
NC

Zip Code
28420-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356491

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

55.00

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 601 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOAH, LLOYD, , ,

Mailing Address 4004 RED OAK COURT

City
HIGH POINTState
NCZip Code
27265-9599FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356284

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OBRIEN, BEVERLY P, , ,

Mailing Address P.O. BOX 488

City
OAKLANDState
FLZip Code
34760-0488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356535

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALERMO, MARK, , ,

Mailing Address 246 GARFIELD PLACD

City
BROOKLYNState
NYZip Code
11215-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LAWYER, INVESTOR, CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1013.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356407

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARKER, CHARLES, , ,

Mailing Address 414 N BLOODWORTH ST

City
RALEIGHState
NCZip Code
27604-1224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
CRAFTSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356538

Amount of Each Receipt this Period

17.76

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELLState
OKZip Code
73080-8405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANEOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356395

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELLState
OKZip Code
73080-8405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANEOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356396

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

107.76

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 603 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELL

State
OK

Zip Code
73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356411

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMIREZ, ARCHIMEDES, , ,

Mailing Address P.O. BOX 645

City
SAN ANSELMO

State
CA

Zip Code
94979-0645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356480

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RODGERS, STEVE, , ,

Mailing Address POB 11902

City
RENO

State
NV

Zip Code
89510-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.50

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.377041

Amount of Each Receipt this Period

- 50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RODGERS, STEVE, , ,

Mailing Address POB 11902

City
RENOState
NVZip Code
89510-1902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356342

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSE, GLORIA, , ,

Mailing Address 7649 3RD STREET

City
DOWNEYState
CAZip Code
90241-3215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356410

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROWE, GARY, , ,

Mailing Address 4115 ARDEN WAY

City
SAN DIEGOState
CAZip Code
92103-1528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRESENIUS KIDNEY CAREOccupation (for Individual)
CLINICAL EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

802.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356381

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAILER, PAT, , ,

Mailing Address 9205 DOUGLAS

City
TEMPERANCE

State
MI

Zip Code
48182-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356281

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAILER, PAT, , ,

Mailing Address 9205 DOUGLAS

City
TEMPERANCE

State
MI

Zip Code
48182-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356282

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALADINO, JOSEPH, , ,

Mailing Address 59 SHETLAND LANE

City
SMITHFIELD

State
NC

Zip Code
27577-9720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356466

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDONState
TXZip Code
79226-4004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356338

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAVER, DOUG, , ,

Mailing Address 602 CATRON ST

City
MARIONState
VAZip Code
24354-1800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROYAL BUILDING PRO.Occupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356320

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEFFIELD, MARY, , ,

Mailing Address 26445 S NEW TOWN DR.

City
SUN LAKESState
AZZip Code
85248-7123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356296

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356348

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356349

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356350

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

45.00

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 608 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356351

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356352

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2022

Transaction ID : SA17.356353

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

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 609 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356354

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPONZA, MARIA, , ,

Mailing Address 8810 17TH AVENUE

City
BROOKLYN

State
NY

Zip Code
11214-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356468

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEIDEL, CLAIRE, , ,

Mailing Address 10040 E HAPPY VALLEY RD

City
SCOTTSDALE

State
AZ

Zip Code
85255-2395

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
DOG JUDGE/WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.70

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356285

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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 610 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TESELLE, JUDY, , ,

Mailing Address 227 ROCK BRIDGE LANE

City
WINDSOR

State
CO

Zip Code
80550-6167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356476

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOWNSEND, SHARON, , ,

Mailing Address 1329 CARVER MILL ROAD

City
TALKING ROCK

State
GA

Zip Code
30175-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356549

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TREVINO, ROLAND, , ,

Mailing Address 6713 NORTH 17TH STREET

City
MCALLEN

State
TX

Zip Code
78504-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356528

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.356478

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2022

Transaction ID : SA17.356481

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VICENTE, BOB, , ,

Mailing Address 4005 STANFORD AVE

City
DALLAS

State
TX

Zip Code
75225-7006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HILLWOOD

Occupation (for Individual)
FINANCE EXECUTIVE

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
09	/	22	/	2022

Transaction ID : SA17.356547

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

1050.00

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 612 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356375

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITLEY, MARK, , ,

Mailing Address 1709 SHERBURNE DR.

City
KELLER

State
TX

Zip Code
76262-8906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHISHOLM ENERGY

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356409

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, GEORGE, , ,

Mailing Address 547 DEER CREEK RUN

City
DEERFIELD BEACH

State
FL

Zip Code
33442-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANGUS ENERGY

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1393.67

Date of Receipt

09 / 22 / 2022

Transaction ID : SA17.356523

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

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 613 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WITKINS, NORMAN, , ,

Mailing Address 2625 IVA COURT UNIT 24

City
BELOIT

State
WI

Zip Code
53511-6614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356360

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WITKINS, NORMAN, , ,

Mailing Address 2625 IVA COURT UNIT 24

City
BELOIT

State
WI

Zip Code
53511-6614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356363

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODCOCK, WARREN, , ,

Mailing Address 8036 C.R. 313 EAST #2

City
TYLER

State
TX

Zip Code
75706-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WARREN WOODCOCK

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

Transaction ID : SA17.356430

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356356

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356357

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENEBERG, ED., , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLEState
MIZip Code
49418-2259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Transaction ID : SA17.356333

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

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 615 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.377068

Amount of Each Receipt this Period

– 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.377069

Amount of Each Receipt this Period

– 2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.377070

Amount of Each Receipt this Period

– 2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

– 14.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377071

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377072

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377073

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377074

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377075

Amount of Each Receipt this Period

- 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377076

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

- 20.00

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 618 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.377077

Amount of Each Receipt this Period

– 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.377078

Amount of Each Receipt this Period

– 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.377079

Amount of Each Receipt this Period

– 5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

– 20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377080

Amount of Each Receipt this Period

- 7.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377081

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377082

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 27.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377083

Amount of Each Receipt this Period

- 20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377084

Amount of Each Receipt this Period

- 7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377085

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....▶

- 28.50

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 621 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377086

Amount of Each Receipt this Period

- 1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377087

Amount of Each Receipt this Period

- 7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377088

Amount of Each Receipt this Period

- 20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 28.50

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 622 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377089

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377090

Amount of Each Receipt this Period

- 35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377091

Amount of Each Receipt this Period

- 35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

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City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377274

Amount of Each Receipt this Period

- 0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377275

Amount of Each Receipt this Period

- 0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNEState
TXZip Code
76033-6246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.377276

Amount of Each Receipt this Period

- 0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

- 0.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377277

Amount of Each Receipt this Period

- 0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377278

Amount of Each Receipt this Period

- 0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377279

Amount of Each Receipt this Period

- 0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 0.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377280

Amount of Each Receipt this Period

- 0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377281

Amount of Each Receipt this Period

- 0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377282

Amount of Each Receipt this Period

- 1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

- 2.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377283

Amount of Each Receipt this Period

- 3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, MARY, , ,

Mailing Address 808 PRAIRIE AVE

City
CLEBURNE

State
TX

Zip Code
76033-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.377284

Amount of Each Receipt this Period

- 0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDRY'S MANAGEMENT

Mailing Address 1510 WEST LOOP SOUTH

City
HOUSTON

State
TX

Zip Code
77027-9505

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356561

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

99996.50

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 627 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.356566

Amount of Each Receipt this Period

2346.76

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLE

State
IL

Zip Code
60532-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.356879

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLE

State
IL

Zip Code
60532-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.356889

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

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 628 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357127

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357292

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURGESS, BARBARA, , ,

Mailing Address 3177 CHERRY MEADOW PATH

City
LEXINGTON

State
KY

Zip Code
40509-8547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357069

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURLOCK JR, RALPH C, , ,

Mailing Address 1690 KAMSACK DR.

City
SUNNYVALEState
CAZip Code
94087-5214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356753

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356645

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTSState
CAZip Code
91745-4848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356919

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.60

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 630 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357465

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356699

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356703

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 631 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356704

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356705

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356706

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOATE, VERA, , ,

Mailing Address 1336 CARLO DR.

City
PRINCETON

State
TX

Zip Code
75407-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356707

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROWLEY, CAROLYN, , ,

Mailing Address 13504 KEY LIME BLVD.

City
WEST PALM BEACH

State
FL

Zip Code
33412-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357493

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEGRAFFT, JANE E, , ,

Mailing Address 1001 MIDDLEFORD RD

City
SEAFORD

State
DE

Zip Code
19973-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356646

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357152

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOYEN, CAROLYN, , ,

Mailing Address P.O. BOX 14

City
MAPLETON

State
ME

Zip Code
04757-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357244

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357070

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTONState
ORZip Code
97381-9212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357073

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTONState
ORZip Code
97381-9212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357075

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTONState
ORZip Code
97381-9212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357079

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.70

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 635 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FALLON, JOHN, , ,

Mailing Address 2702 DOUGLAS AVENUE #125

City
DALLASState
TXZip Code
75219-3456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357331

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNANDEZ, MIRIAM, , ,

Mailing Address 4013 KRISTEN ST

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.377267

Amount of Each Receipt this Period

- 0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNANDEZ, MIRIAM, , ,

Mailing Address 4013 KRISTEN ST

City
SPRING HILLState
TNZip Code
37174-5153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356571

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356951

Amount of Each Receipt this Period

0.04

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILILLAND, ROGER, , ,

Mailing Address 160 GOVERNORZ RD

City
PONTE VEDRA BEACHState
FLZip Code
32082-3948FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357028

Amount of Each Receipt this Period

14.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILILLAND, ROGER, , ,

Mailing Address 160 GOVERNORZ RD

City
PONTE VEDRA BEACHState
FLZip Code
32082-3948FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357036

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILILLAND, ROGER, , ,

Mailing Address 160 GOVERNORZ RD

City
PONTE VEDRA BEACH

State
FL

Zip Code
32082-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.70

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357040

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAZEN, JAY, , ,

Mailing Address 1143 BLUEBIRD TRL.

City
WAUNAKEE

State
WI

Zip Code
53597-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.356740

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.356716

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

254.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.356719

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.356725

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.356726

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOTState
KYZip Code
42366-9648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356727

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOTState
KYZip Code
42366-9648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356730

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOTState
KYZip Code
42366-9648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356731

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.70

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 640 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, LES, , ,

Mailing Address 1176 WALLENS CREEK

City
LANSING

State
NC

Zip Code
28643-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356938

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOEHLER, MADELINE, , ,

Mailing Address 4727 LAKEWOOD ROAD

City
STANWOOD

State
WA

Zip Code
98292-7971

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357528

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDSAW, RUTH W., , ,

Mailing Address 14481 DAWN HILL ROAD

City
SILOAM SPRINGS

State
AR

Zip Code
72761-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356780

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, HOGUE, , ,

Mailing Address 5931 LITTLE BRANDYWINE CRK

City
SAN ANTONIO

State
TX

Zip Code
78233-5125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1044.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356671

Amount of Each Receipt this Period

0.16

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LINDSEY, TOMMY, , ,

Mailing Address 11222 LONG BRANCH DRIVE

City
AUSTIN

State
TX

Zip Code
78736-6505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357370

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORAN, FRANK, , ,

Mailing Address P.O. BOX 4848

City
SHREVEPORT

State
LA

Zip Code
71134-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357508

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.96

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 642 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARTLOW, CAROLYN, , ,

Mailing Address 8050 GRAYSTONE WAY NORTHWEST

City
SILVERDALE

State
WA

Zip Code
98383-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST. MICHAEL MEDICAL CENTER

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356984

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PECORA, VIRGINIA, , ,

Mailing Address 86 MONTEREY GARDENS

City
NANUET

State
NY

Zip Code
10954-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1161.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357120

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PECORA, VIRGINIA, , ,

Mailing Address 86 MONTEREY GARDENS

City
NANUET

State
NY

Zip Code
10954-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1161.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357125

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUMPH, ROBERT, , ,

Mailing Address 2065 POMPAÑO DR.

City
MURRELLS INLET

State
SC

Zip Code
29576-5539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357499

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSELL, MARGARET, , ,

Mailing Address 5652 N OCEANSHORE BLVD

City
PALM COAST

State
FL

Zip Code
32137-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357430

Amount of Each Receipt this Period

0.02

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLE

State
WA

Zip Code
98077-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIES

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

736.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356698

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City

MUSCLE SHOALS

State

AL

Zip Code

35661-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357441

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHLICHTINGER, CARL, , ,

Mailing Address 97 DURANT AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10306-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF - PART TIME

Occupation (for Individual)

PSYCHOTHERAPIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356607

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHLICHTINGER, CARL, , ,

Mailing Address 97 DURANT AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10306-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF - PART TIME

Occupation (for Individual)

PSYCHOTHERAPIST

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

432.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356609

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.45

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 645 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLOTSVE, ROGER, , ,

Mailing Address 830 SOLPERS LANE

City
BOTTINEAUState
NDZip Code
58318-8137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357158

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SNELL, CINDY, , ,

Mailing Address P.O. BOX 93658

City
LUBBOCKState
TXZip Code
79493-3658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357425

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPAETH PHD, EDMUND, , ,

Mailing Address 26536 LOVE LANE

City
RAMONAState
CAZip Code
92065-4822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356950

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

1.20

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 646 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2022

Transaction ID : SA17.356729

Amount of Each Receipt this Period

0.06

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2022

Transaction ID : SA17.357188

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPHENS, GLENDA L., , ,

Mailing Address 4812 CHUMUCKLA HIGHWAY

City
PACE

State
FL

Zip Code
32571-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1017.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2022

Transaction ID : SA17.357243

Amount of Each Receipt this Period

0.24

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.40

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 647 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRAUSS, ROBERT, , ,

Mailing Address 8023 LAKEFOREST

City
SAN ANTONIO

State
TX

Zip Code
78239-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357512

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAUSS, ROBERT, , ,

Mailing Address 8023 LAKEFOREST

City
SAN ANTONIO

State
TX

Zip Code
78239-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357513

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAH

State
TX

Zip Code
77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356843

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAHState
TXZip Code
77381-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3		2	0	2	2		

Transaction ID : SA17.356844

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAHState
TXZip Code
77381-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3		2	0	2	2		

Transaction ID : SA17.356847

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAHState
TXZip Code
77381-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3		2	0	2	2		

Transaction ID : SA17.356896

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAH

State
TX

Zip Code
77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356898

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAH

State
TX

Zip Code
77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356901

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAWBRIDGE, ROBERT, , ,

Mailing Address 606 SHENANDOAH DRIVE, 606 SHENANDO

City
SHENANDOAH

State
TX

Zip Code
77381-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.356902

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357055

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357057

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357066

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357068

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357072

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357077

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

7.80

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 652 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357080

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357083

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.356693

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.356695

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VILLONE, LYNN, , ,

Mailing Address 1607 HIDDEN MESA ROAD

City
EL CAJON

State
CA

Zip Code
92019-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.55

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357517

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VIS, SHARON, , ,

Mailing Address 62159 HWY 90

City
MONTROSE

State
CO

Zip Code
81403-7956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357046

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHISENHUNT, RANDY, , ,

Mailing Address 5412 NEW CASTLETON LANE

City
FORT WORTHState
TXZip Code
76135-1472FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3				2	0	2	2

Transaction ID : SA17.356748

Amount of Each Receipt this Period

1.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, JIMMY, , ,

Mailing Address 1075 MOTORCOACH DRIVE

City
POLK CITYState
FLZip Code
33868-5113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.46

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3				2	0	2	2

Transaction ID : SA17.357388

Amount of Each Receipt this Period

0.25

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3				2	0	2	2

Transaction ID : SA17.357536

Amount of Each Receipt this Period

13003.79

☒ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABRAMS, TAMRA, , ,

Mailing Address 233 KRISTEN LANE PR

City
KENNEWICK

State
WA

Zip Code
99338-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357560

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACEE, MARILYN, , ,

Mailing Address 111 SOUTH SHORE DRIVE

City
EAST HAVEN

State
CT

Zip Code
06512-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357836

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357721

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARMSTRONG, KATHLEEN, , ,

Mailing Address 2149 COMMONS CIRCLE DRIVE

City
BATAVIA

State
OH

Zip Code
45103-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357726

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLE

State
IL

Zip Code
60532-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357695

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLE

State
IL

Zip Code
60532-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357696

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGAS

State
NV

Zip Code
89183-6210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357682

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEHRENS, B. ANTHONY, , ,

Mailing Address 14555 HWY 163

City
HARRISBURG

State
AR

Zip Code
72432-9026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.20

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357785

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEHRENS, B. ANTHONY, , ,

Mailing Address 14555 HWY 163

City
HARRISBURG

State
AR

Zip Code
72432-9026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

377.20

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.377056

Amount of Each Receipt this Period

- 30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357892

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLYSETH, MARTIN, , ,

Mailing Address 2835 N. HWY A1A UNIT 501

City
INDIALANTIC

State
FL

Zip Code
32903-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357899

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOBEE, THOMAS. G, , ,

Mailing Address 8167 GARY AVE

City
WESTLAND

State
MI

Zip Code
48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

484.50

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357739

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BODKIN, RICHARD, , ,

Mailing Address 5130 WESCOTT BLVD

City
SUMMERVILLE

State
SC

Zip Code
29485-9043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357870

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROOKHART, PATRICIA, , ,

Mailing Address 514 LIMERICK CIRCLE

City
LUTHERVILLE TIMONI

State
MD

Zip Code
21093-7719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357691

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSON

State
AZ

Zip Code
85704-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.90

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357642

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUMBAUGH, PHILIP, , ,

Mailing Address 108 PHILIP DR.

City
WEST MILTON

State
OH

Zip Code
45383-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357548

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAPOZZI, MARYELLEN, , ,

Mailing Address 264 BARN HILL ROAD

City
MONROE

State
CT

Zip Code
06468-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357806

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CATANO, EVELYN, , ,

Mailing Address 33600 GLOBE DRIVE

City
SPRINGVILLE

State
CA

Zip Code
93265-9721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357609

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHARLIE JR, PHILLIP C, , ,

Mailing Address P.O. BOX 8075

City
TUNTUTULIAK

State
AK

Zip Code
99680-0075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357669

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARY, ALICE, , ,

Mailing Address 215 REMINGTON LANE

City
WEATHERFORD

State
TX

Zip Code
76085-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357603

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVE, , ,

Mailing Address 8673 WEST FAWN BROOK STREET

City
BOISE

State
ID

Zip Code
83714-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6341.95

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357811

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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 662 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLARD, SCOTT, , ,

Mailing Address 41 SUNSET CT

City
HAMILTON

State
OH

Zip Code
45013-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357945

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUNNINGHAM, LESLIE, , ,

Mailing Address 2022 CAMELOT DR.

City
CLEARWATER

State
FL

Zip Code
33763-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF FLORIDA

Occupation (for Individual)
ANALYST

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
09 / 23 / 2022

Transaction ID : SA17.357620

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAUWALDER, NANCY, , ,

Mailing Address 6005 COUNTY ROAD 77

City
MILLERSBURG

State
OH

Zip Code
44654-9136

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357600

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEGNER, MICHAEL, , ,

Mailing Address 5800 COUNTRY CLUB DR.

City
FARMINGTON

State
NM

Zip Code
87402-5195

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.80

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357738

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIGIRALOMO, SAM, , ,

Mailing Address 31988 RED TAIL

City
SORRENTO

State
FL

Zip Code
32776-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357734

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIGIRALOMO, SAM, , ,

Mailing Address 31988 RED TAIL

City
SORRENTO

State
FL

Zip Code
32776-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357743

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOS SANTOS, MARGARET, , ,

Mailing Address 10 FRANKLIN AVENUE

City
MAPLEWOOD

State
NJ

Zip Code
07040-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TEANECK COMMUNITY CHARTER SCHOOL

Occupation (for Individual)

INSTRUCTIONAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357564

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOWELL, CANDICE, , ,

Mailing Address 1435 ANNKIM CIR

City
GARDNERVILLE

State
NV

Zip Code
89460-8894

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357698

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOYEN, CAROLYN, , ,

Mailing Address P.O. BOX 14

City
MAPLETON

State
ME

Zip Code
04757-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357865

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOYEN, CAROLYN, , ,

Mailing Address P.O. BOX 14

City
MAPLETON

State
ME

Zip Code
04757-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357867

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EARP, BONNIE, , ,

Mailing Address 625 OLAND STREET

City
RUCKERSVILLE

State
VA

Zip Code
22968-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.35

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357582

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FANKHANEL, PAMELA, , ,

Mailing Address 12216 IRVINE AVENUE NORTHWEST

City
BEMIDJI

State
MN

Zip Code
56601-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

643.10

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357702

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 666 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLYNN, DAN JOAN, , ,

Mailing Address 17421 N FLICKER AV

City
NAMPA

State
ID

Zip Code
83687-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357960

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREIBERGER, ALBERTINA, , ,

Mailing Address 16935 FRANK AVE

City
LOS GATOS

State
CA

Zip Code
95032-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357653

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLEDHILL, BOYD, , ,

Mailing Address 9447 E WALNUT TREE CIRCLE

City
TUCSON

State
AZ

Zip Code
85749-9267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.50

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357709

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, DAVID, , ,

Mailing Address 603 GEAR STREET

City
RENO

State
NV

Zip Code
89503-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357651

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROTE, ADRIENNE, , ,

Mailing Address 116 CENTENNIAL ST

City

SANTA CRUZ

State

CA

Zip Code

95060-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.10

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357648

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROTE, ADRIENNE, , ,

Mailing Address 116 CENTENNIAL ST

City

SANTA CRUZ

State

CA

Zip Code

95060-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

407.10

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357649

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROTH, DONNA, , ,

Mailing Address 880 HARTMAN CT

City
ADAMS

State
TN

Zip Code
37010-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357640

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROTH, DONNA, , ,

Mailing Address 880 HARTMAN CT

City
ADAMS

State
TN

Zip Code
37010-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357641

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUERRERO, ESTRELLA, , ,

Mailing Address 3404 LAKE PARK AVENUE

City
FALLBROOK

State
CA

Zip Code
92028-7852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357656

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMILTON, RANDALL, , ,

Mailing Address 6120 WILDCAT RUN

City
WEST PALM BEACH

State
FL

Zip Code
33412-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2022

Transaction ID : SA17.357645

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANNES, JOHANNE, , ,

Mailing Address 979 YUCATAN COURT

City
FREMONT

State
CA

Zip Code
94539-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2022

Transaction ID : SA17.357540

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASSOLDT, WILLIAM, , ,

Mailing Address 10 PINE TREE LANE

City
ROLLING HILLS

State
CA

Zip Code
90274-5012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2022

Transaction ID : SA17.357803

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1060.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.35

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357668

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City

LAKE CHARLES

State

LA

Zip Code

70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357568

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City

LAKE CHARLES

State

LA

Zip Code

70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357571

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357572

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357573

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357574

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFELD, BRIAN, , ,

Mailing Address 6199 WEST HOLLILYNN DRIVE

City
BOISE

State
ID

Zip Code
83709-7236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357558

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUMBERT, CHARLENE, , ,

Mailing Address 84741 WINESAP

City

MILTON FREEWATER

State

OR

Zip Code

97862-7359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357805

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IVERSON, MARC, , ,

Mailing Address 5200 BEVINGTON PLACE

City

CHARLOTTE

State

NC

Zip Code

28277-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357893

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. IVERSON, MARC, , ,

Mailing Address 5200 BEVINGTON PLACE

City
CHARLOTTE

State
NC

Zip Code
28277-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357894

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IVERSON, MARC, , ,

Mailing Address 5200 BEVINGTON PLACE

City
CHARLOTTE

State
NC

Zip Code
28277-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357898

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IVERSON, MARC, , ,

Mailing Address 5200 BEVINGTON PLACE

City
CHARLOTTE

State
NC

Zip Code
28277-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357901

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, LES, , ,

Mailing Address 1176 WALLENS CREEK

City
LANSING

State
NC

Zip Code
28643-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357652

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JESALVA, CHITA, , ,

Mailing Address 22309 92ND AVENUE WEST

City
EDMONDS

State
WA

Zip Code
98020-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357821

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGO

State
OR

Zip Code
97034-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

489.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357942

Amount of Each Receipt this Period

16.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEMASTER, NANCY, , ,

Mailing Address 105 PINE CREST DRIVE

City
IRONTON

State
OH

Zip Code
45638-3068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUSINESS OWNER

Occupation (for Individual)
PIZZA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3144.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357617

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEONARD, ANNE, , ,

Mailing Address 13202 HUNTERS SPRING

City
SAN ANTONIO

State
TX

Zip Code
78230-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AHA

Occupation (for Individual)
SMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357884

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOMBARDO, MARIE, , ,

Mailing Address 1 HAWTHORNE LANE

City
NORWELL

State
MA

Zip Code
02061-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357858

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

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 676 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357845

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUPTON, DOUGLAS, , ,

Mailing Address 1531 GIFFORD COURT

City

THE VILLAGES

State

FL

Zip Code

32162-6017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357677

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City

AURORA

State

CO

Zip Code

80017-6550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.55

Date of Receipt

09 / **23** / **2022**

Transaction ID : SA17.357619

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEANState
VAZip Code
22101-0914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357730

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAXVILL, WARREN, , ,

Mailing Address 1821 BLACKHAWK ROAD

City
LAS VEGASState
NVZip Code
89108-2504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHWEST AIRLINESOccupation (for Individual)
FLIGHT ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357562

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLAIN, JUANITA, , ,

Mailing Address 2196 N W ANDREA ST

City
ROSEBURGState
ORZip Code
97471-1714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357694

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDONALD, JESSE, , ,

Mailing Address 108 SEVILLE PL

City
STARKVILLEState
MSZip Code
39759-2132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357733

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDONALD, JESSE, , ,

Mailing Address 108 SEVILLE PL

City
STARKVILLEState
MSZip Code
39759-2132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357735

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDONALD, JESSE, , ,

Mailing Address 108 SEVILLE PL

City
STARKVILLEState
MSZip Code
39759-2132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1130.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357737

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKIRAHAN, DENNIS, , ,

Mailing Address P.O. BOX 181102

City
FAIRFIELD

State
OH

Zip Code
45018-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.10

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357749

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURY

State
MA

Zip Code
02132-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTON

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.20

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357717

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURY

State
MA

Zip Code
02132-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTON

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

757.20

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357718

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

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 680 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURY

State
MA

Zip Code
02132-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTON

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357719

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMANS, MICHAEL, , ,

Mailing Address 29 CROCKERS LANE

City
WEST ROXBURY

State
MA

Zip Code
02132-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF BOSTON

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357720

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELLING, MATTHEW, , ,

Mailing Address 11509 SOUTH VILLA COURT APT:2A

City
ALSIP

State
IL

Zip Code
60803-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIDGELAND SCHOOL DISTRICT 122

Occupation (for Individual)
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357847

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MELLING, MATTHEW, , ,

Mailing Address 11509 SOUTH VILLA COURT APT:2A

City
ALSIPState
ILZip Code
60803-4363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIDGELAND SCHOOL DISTRICT 122Occupation (for Individual)
CUSTODIAN

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
09		23		2022

Transaction ID : SA17.357850

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NDIFON, FUNKUIN, , ,

Mailing Address 1333 FOREST AVE, 1333

City
MIDDLETOWNState
OHZip Code
45044-4320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIRACLE HOME CAREOccupation (for Individual)
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357587

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NDIFON, FUNKUIN, , ,

Mailing Address 1333 FOREST AVE, 1333

City
MIDDLETOWNState
OHZip Code
45044-4320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIRACLE HOME CAREOccupation (for Individual)
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357771

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

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 682 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NDIFON, FUNKUIN, , ,

Mailing Address 1333 FOREST AVE, 1333

City
MIDDLETOWN

State
OH

Zip Code
45044-4320

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIRACLE HOME CARE

Occupation (for Individual)
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357773

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSON, SHARON, , ,

Mailing Address PONOX 957

City
BOISE

State
ID

Zip Code
83701-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357592

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICHOLS, SUSAN, , ,

Mailing Address 501 JAMAICA WAY

City
BAKERSFIELD

State
CA

Zip Code
93309-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

286.70

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357807

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOAH, LLOYD, , ,

Mailing Address 4004 RED OAK COURT

City
HIGH POINT

State
NC

Zip Code
27265-9599

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357801

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OBRIEN, BEVERLY P, , ,

Mailing Address P.O. BOX 488

City
OAKLAND

State
FL

Zip Code
34760-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357885

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ODOTERLUND, JENNY, , ,

Mailing Address 704 RIVER OVERLOOK

City
FORSYTH

State
GA

Zip Code
31029-4895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

735.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357667

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ODOTERLUND, JENNY, , ,

Mailing Address 704 RIVER OVERLOOK

City
FORSYTHState
GAZip Code
31029-4895FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357871

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSEN, WILLIAM, , ,

Mailing Address 8796 CEDAR HAMMOCK BLVD

City
NAPLESState
FLZip Code
34112-3302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357923

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAWLACYK, EILEEN, , ,

Mailing Address 7608 RICHTER LANE

City
LARSENState
WIZip Code
54947-9525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357798

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERKINS, FRANCES, , ,

Mailing Address 4012 HALIFAX RD

City
GREENSBOROState
NCZip Code
27407-3226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2022

Transaction ID : SA17.357855

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2022

Transaction ID : SA17.357890

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RADKE, JAY, , ,

Mailing Address 3213 DUKE ST. #722

City
ALEXANDRIAState
VAZip Code
22314-4533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPARTMENT OF COMMERCEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2022

Transaction ID : SA17.357621

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUNKLES, KAREN, , ,

Mailing Address 64 WEST MAIN STREET

City
NEW MARKETState
MDZip Code
21774-6290FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357554

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SABADIE, CARLOS, , ,

Mailing Address 1641 VELA COVE

City
SLIDELLState
LAZip Code
70458-6219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357700

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHAEF, BONNIE, , ,

Mailing Address 105 SOUTH LOYOLA STREET

City
PERRYTONState
TXZip Code
79070-2467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357937

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

90.00

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 687 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAVER, DOUG, , ,

Mailing Address 602 CATRON ST

City
MARION

State
VA

Zip Code
24354-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROYAL BUILDING PRO.

Occupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357879

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINA, CHRISTINE, , ,

Mailing Address 1167 BAY RIDGE PARKWAY

City
BROOKLYN

State
NY

Zip Code
11228-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BCRR HOLDING LLC

Occupation (for Individual)
OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357881

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, JACI, , ,

Mailing Address 401 CORBETT CREEK ROAD

City
COLVILLE

State
WA

Zip Code
99114-9670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357958

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

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 688 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, KAREN, , ,

Mailing Address 12218 LAKE VALLEY DR.

City
CLERMONT

State
FL

Zip Code
34711-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIFFANYBLUE

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357883

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357950

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357951

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357952

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357953

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357954

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2022

Transaction ID : SA17.357955

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2022

Transaction ID : SA17.357956

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPRUILL, MIKE, , ,

Mailing Address 2435 WAGNER CREEK COURT

City
MOUNT PLEASANT

State
SC

Zip Code
29466-8050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2022

Transaction ID : SA17.357745

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 691 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACHState
FLZip Code
32550-4813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022**Transaction ID : SA17.357566**

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STUART, KATHY, , ,

Mailing Address 16712 SAN SALVADOR ROAD

City
SAN DIEGOState
CAZip Code
92128-2739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022**Transaction ID : SA17.357795**

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAUGHAN, DANIEL, , ,

Mailing Address 13764 SILVER LAKE RD

City
SOUTH LYONState
MIZip Code
48178-9167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROCK SOLIDOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022**Transaction ID : SA17.357693**

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VON BON, JOHN, , ,

Mailing Address W173N10234 WOODBRIDGE LANE

City
GERMANTOWN

State
WI

Zip Code
53022-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357626

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALSH, EILEEN, , ,

Mailing Address 50-23 41ST ST

City
QUEENS

State
NY

Zip Code
11104-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357666

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, KATHERINE, , ,

Mailing Address 3913 MARATHON AVENUE

City
CASTLE HAYNE

State
NC

Zip Code
28429-5156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

712.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357911

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

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 693 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEBER, YVONNE, , ,

Mailing Address 13933 JAMES DRIVE

City
CRESTWOOD

State
IL

Zip Code
60418-2092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.60

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357844

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357545

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / 23 / 2022

Transaction ID : SA17.357643

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTEState
TXZip Code
77531-3413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357549

Amount of Each Receipt this Period

13.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTEState
TXZip Code
77531-3413FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357854

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIREState
MIZip Code
49615-9378FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2022

Transaction ID : SA17.357910

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILEY, MYRON, , ,

Mailing Address 20 GRANDVIEW LANE

City
BUFFALO

State
MO

Zip Code
65622-6521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357802

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLPERT, JOHN, , ,

Mailing Address 5422 WEST 141ST TERRACE

City
OVERLAND PARK

State
KS

Zip Code
66224-1172

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2022

Transaction ID : SA17.357862

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, CONNIE J, , ,

Mailing Address 5923 NE MOONSTONE DR.

City
LEES SUMMIT

State
MO

Zip Code
64064-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

920.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.377264

Amount of Each Receipt this Period

- 0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.85

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEWHOUSE, BRENDA, , ,

Mailing Address 665 SOUTH PEAR ORCHARD ROAD. STE 1

City
RIDGELANDState
MSZip Code
39157-4859FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.377067

Amount of Each Receipt this Period

- 10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.357964

Amount of Each Receipt this Period

1086.63

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABE, JOSEPH, , ,

Mailing Address 582 NORTH LAUREL VALLEY DRIVE

City
AZUSAState
CAZip Code
91702-1846FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOSEPH E ABE, A DENTAL CORPOccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358045

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

- 9.85

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 697 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358173

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358214

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358217

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358220

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358222

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358224

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358226

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEADLE, RALPH, , ,

Mailing Address P.O. BOX 53658

City
LUBBOCK

State
TX

Zip Code
79453-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.60

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358202

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLANKENSHIP, KATHY, , ,

Mailing Address 125 ORCHARD DR.

City
ELIDA

State
OH

Zip Code
45807-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

398.08

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358488

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOBEE, THOMAS. G. , ,

Mailing Address 8167 GARY AVE

City
WESTLANDState
MIZip Code
48185-7083FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358412

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRAUER, GARY, , ,

Mailing Address 1701 SAGEBRUSH TRAIL

City
GRAPEVINEState
TXZip Code
76051-2764FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358396

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRAUER, GARY, , ,

Mailing Address 1701 SAGEBRUSH TRAIL

City
GRAPEVINEState
TXZip Code
76051-2764FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

219.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358399

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.25

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 701 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROUSSARD, CHRISTINE, , ,

Mailing Address 431 PIERREMONT RD

City
SHREVEPORT

State
LA

Zip Code
71106-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OASIS

Occupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358141

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARK

State
AR

Zip Code
72949-8145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358484

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARK

State
AR

Zip Code
72949-8145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.20

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358485

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARK

State
AR

Zip Code
72949-8145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358486

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358440

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358441

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSON, JOSEPH, , ,

Mailing Address 345 HUBBARD LANE

City
CRETE

State
IL

Zip Code
60417-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.80

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358397

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, CYNTHIA, , ,

Mailing Address 32764 RIDGE TOP LANE

City
CASTAIC

State
CA

Zip Code
91384-3082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.85

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358517

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, CYNTHIA, , ,

Mailing Address 32764 RIDGE TOP LANE

City
CASTAIC

State
CA

Zip Code
91384-3082

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

364.85

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358518

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, CYNTHIA, , ,

Mailing Address 32764 RIDGE TOP LANE

City
CASTAICState
CAZip Code
91384-3082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358519

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, CYNTHIA, , ,

Mailing Address 32764 RIDGE TOP LANE

City
CASTAICState
CAZip Code
91384-3082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358520

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUSTState
NCZip Code
28097-9432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358221

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358489

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358490

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358491

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

13.00

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 706 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358492

Amount of Each Receipt this Period

0.18

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358089

Amount of Each Receipt this Period

0.03

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYNState
NYZip Code
11234-3812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358346

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.36

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 707 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358521

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLA

State
NY

Zip Code
11501-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358523

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ILLIAN, ALICE, , ,

Mailing Address 19042 RUNNERS LANE

City
HUMBLE

State
TX

Zip Code
77346-6107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ILLIAN CONSULTING

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358326

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, WARREN, , ,

Mailing Address 7684 CHANTELLE LANE

City
ROSCOEState
ILZip Code
61073-9768FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358058

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINER, JAIMEE, , ,

Mailing Address 20225 EYOTA COURT

City
APPLE VALLEYState
CAZip Code
92308-6201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358534

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIRBY, KATHY, , ,

Mailing Address 412 WENNINGTON PL

City
GREERState
SCZip Code
29651-6843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358389

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358116

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLE

State
WA

Zip Code
98112-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358027

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANIUS, BARBARA, , ,

Mailing Address 12662 HARRIET CIRCLE

City
DALLAS

State
TX

Zip Code
75244-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1151.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358478

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACPHERSON, LINDA, , ,

Mailing Address 1242 25TH STREET

City
OGDEN

State
UT

Zip Code
84401-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.19

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358097

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEAN

State
VA

Zip Code
22101-0914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358228

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358532

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 711 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022**Transaction ID : SA17.358194**

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022**Transaction ID : SA17.358195**

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINATRA, JAMES, , ,

Mailing Address 1003 MILL ST.

City
PULASKIState
TNZip Code
38478-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STRHSOccupation (for Individual)
SURGICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1285.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022**Transaction ID : SA17.358196**

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUMENTHALER, FREDERICK, , ,

Mailing Address 100 OXFORD ROAD

City
LANSDALEState
PAZip Code
19446-4758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358409

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUMENTHALER, FREDERICK, , ,

Mailing Address 100 OXFORD ROAD

City
LANSDALEState
PAZip Code
19446-4758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358435

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NYE, BRUCE, , ,

Mailing Address 75209 KIOWA

City
INDIAN WELLSState
CAZip Code
92210-8328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE LANGLOIS COMPANYOccupation (for Individual)
BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358019

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARKER, CHARLES, , ,

Mailing Address 414 N BLOODWORTH ST

City
RALEIGH

State
NC

Zip Code
27604-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CRAFTSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358254

Amount of Each Receipt this Period

0.17

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PORACH, BARBARA, , ,

Mailing Address 200 KINGFISHER WAY, COLONIAL HGTS,

City

COLONIAL HEIGHTS

State

VA

Zip Code

23834-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358030

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City

PURCELL

State

OK

Zip Code

73080-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANE

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358282

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, GAYLA, , ,

Mailing Address 2622 S. NINTH AVENUE

City
PURCELLState
OKZip Code
73080-8405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCCLAIN PROPANEOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358286

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358102

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358104

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358105

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPAState
CAZip Code
94559-4306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358106

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHEY, JOE, , ,

Mailing Address 4500 16ST

City
RACINEState
WIZip Code
53405-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358269

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.25

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 716 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358178

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358218

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358366

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

3.14

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 717 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358367

Amount of Each Receipt this Period

0.06

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358368

Amount of Each Receipt this Period

0.06

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358370

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358372

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358527

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358033

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358010

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITAKER, CINDY, , ,

Mailing Address 3628 COUNTY ROAD 2208

City
GREENVILLEState
TXZip Code
75402-5034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.19

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358461

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358545

Amount of Each Receipt this Period

7713.44

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLISON, SHIRLEY, , ,

Mailing Address 2304 JUANITA AVENUE

City
SAN ANGELO

State
TX

Zip Code
76901-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1239.65

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358717

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALMQUIST, JOHN, , ,

Mailing Address 20471 KENWORTH CIRCLE

City
HUNTINGTON BEACH

State
CA

Zip Code
92646-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COASTLINE CONSTRUCTION

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358749

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. APPLEBY, DONNA, , ,

Mailing Address 6 GRAND BAY CIRCLE

City
JUNO BEACH

State
FL

Zip Code
33408-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358743

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTONState
INZip Code
47977-8867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358646

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTONState
INZip Code
47977-8867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358650

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTONState
INZip Code
47977-8867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358652

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358653

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BASKIN, DIAN, , ,

Mailing Address 665 TRICKHAMBRIDGE ROAD

City
BRANDON

State
MS

Zip Code
39042-9225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358553

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358584

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358611

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIRE

State
GA

Zip Code
31005-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358697

Amount of Each Receipt this Period

16.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CATON, ROBERT, , ,

Mailing Address 7373 E US HIGHWAY 60 LOT 60

City
GOLD CANYON

State
AZ

Zip Code
85118-9092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358610

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

56.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CATON, ROBERT, , ,

Mailing Address 7373 E US HIGHWAY 60 LOT 60

City
GOLD CANYON

State
AZ

Zip Code
85118-9092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358659

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358765

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHASTAIN, PATRICIA, , ,

Mailing Address 9158 HIGHWAY146

City
HOLLY GROVE

State
AR

Zip Code
72069-8856

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358700

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHASTAIN, PATRICIA, , ,

Mailing Address 9158 HIGHWAY146

City
HOLLY GROVE

State
AR

Zip Code
72069-8856

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358701

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLANGELO, DOMINIC, , ,

Mailing Address 14937 TURKEY FOOT ROAD

City
GAITHERSBURG

State
MD

Zip Code
20878-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLOBAL CO.

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358656

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIGIRALOMO, SAM, , ,

Mailing Address 31988 RED TAIL

City
SORRENTO

State
FL

Zip Code
32776-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358708

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, GARRY, , ,

Mailing Address 108 DELANCY STREET

City
LOCUSTState
NCZip Code
28097-9432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358625

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358698

Amount of Each Receipt this Period

29.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOSS, BEVERLY, , ,

Mailing Address 407 ELMHURST STREET

City
WOOD DALEState
ILZip Code
60191-1430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FAVIL DAVID BERNSOccupation (for Individual)
LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358546

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

59.00

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 727 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOX, DAVID M, , ,

Mailing Address 1400N TULLY ROAD SPC 47

City
TURLOCK

State
CA

Zip Code
95380-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358626

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRANCIS, MELAINA, , ,

Mailing Address 801 OLIVE ST

City
CORONA

State
CA

Zip Code
92882-4166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA JOINT POWERS INSURANCE AUTH

Occupation (for Individual)
RISK MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358748

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIESEY, PAUL, , ,

Mailing Address 174 ELBERT WAY

City
BRISTOL

State
VA

Zip Code
24202-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1184.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358569

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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 728 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALVERSON, LEE, , ,

Mailing Address 444 CR 482S

City

LAKE PANASOFFKEE

State

FL

Zip Code

33538-6044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358612

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARBOUR, LAUREL, , ,

Mailing Address 2501 WEST 120TH PLACE

City

LEAWOOD

State

KS

Zip Code

66209-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358631

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARBOUR, LAUREL, , ,

Mailing Address 2501 WEST 120TH PLACE

City

LEAWOOD

State

KS

Zip Code

66209-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358632

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1055.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARBOUR, LAUREL, , ,

Mailing Address 2501 WEST 120TH PLACE

City
LEAWOODState
KSZip Code
66209-1115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.377058

Amount of Each Receipt this Period

- 50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAUSER, MARY JUDE, , ,

Mailing Address 104 STETTLER DRIVE

City
CLAIRTONState
PAZip Code
15025-3148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358678

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEUER, RANDY, , ,

Mailing Address 1218 SUNRISE CIRCLE

City
MUSCATINEState
IAZip Code
52761-3631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUSCATINE COUNTY ABSTRACT COMPANYOccupation (for Individual)
ABTRACTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358629

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HORVATH, CHARANN, , ,

Mailing Address 208 N RAINBOW BRIDGE DR

City
CEDAR PARKState
TXZip Code
78613-3068FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358667

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONEState
NYZip Code
11357-2629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358649

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IANIRO, JOSIE, , ,

Mailing Address 179 GARDEN AVE

City
BELLEVILLEState
NJZip Code
07109-1770FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358556

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ILLIAN, ALICE, , ,

Mailing Address 19042 RUNNERS LANE

City
HUMBLEState
TXZip Code
77346-6107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ILLIAN CONSULTINGOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358657

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LINDSEY, TOMMY, , ,

Mailing Address 11222 LONG BRANCH DRIVE

City
AUSTINState
TXZip Code
78736-6505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358639

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LINDSEY, TOMMY, , ,

Mailing Address 11222 LONG BRANCH DRIVE

City
AUSTINState
TXZip Code
78736-6505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358707

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

165.00

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 732 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOMBARDO, ROBERT, , ,

Mailing Address 9231 HERMOSA AVE.

City
YUCCA VALLEY

State
CA

Zip Code
92284-6441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PHILIP CHO DENTAL CORP

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.70

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358591

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOPEZ, CAROL, , ,

Mailing Address 2038 WILBY LANE

City
SAN ANTONIO

State
TX

Zip Code
78253-4433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358706

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN, JUDY, , ,

Mailing Address P.O. BOX 185 1402 E. LOMITA BLVD.

City
WILMINGTON

State
CA

Zip Code
90748-0185

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358547

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAYNARD, JACQUELYNE, , ,

Mailing Address 401 HAMMACK DRIVE

City
AUSTIN

State
TX

Zip Code
78752-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5609.00

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358669

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCPHERSON, WARREN, , ,

Mailing Address 2550 WILLOW OAK TRAIL

City
MURFREESBORO

State
TN

Zip Code
37129-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.50

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358572

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCPHERSON, WARREN, , ,

Mailing Address 2550 WILLOW OAK TRAIL

City
MURFREESBORO

State
TN

Zip Code
37129-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

807.50

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358573

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235.00

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 734 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCPHERSON, WARREN, , ,

Mailing Address 2550 WILLOW OAK TRAIL

City

MURFREESBORO

State

TN

Zip Code

37129-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.50

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358721

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCPHERSON, WARREN, , ,

Mailing Address 2550 WILLOW OAK TRAIL

City

MURFREESBORO

State

TN

Zip Code

37129-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.50

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358722

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCPHERSON, WARREN, , ,

Mailing Address 2550 WILLOW OAK TRAIL

City

MURFREESBORO

State

TN

Zip Code

37129-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

807.50

Date of Receipt

09 / 24 / 2022

Transaction ID : SA17.358724

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEAGHER, STACY, , ,

Mailing Address 1 OAK HOLLOW CT.

City
YUBA CITYState
CAZip Code
95991-6273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358693

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEAGHER, STACY, , ,

Mailing Address 1 OAK HOLLOW CT.

City
YUBA CITYState
CAZip Code
95991-6273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358694

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESSState
TXZip Code
77410-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358645

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESSState
TXZip Code
77410-1634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	2		

Transaction ID : SA17.358714

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	2		

Transaction ID : SA17.358735

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGESState
FLZip Code
32162-2208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	2		

Transaction ID : SA17.358736

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City

THE VILLAGES

State

FL

Zip Code

32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358737

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City

THE VILLAGES

State

FL

Zip Code

32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358738

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City

THE VILLAGES

State

FL

Zip Code

32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358739

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

35.00

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 738 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358740

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358741

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MULAR, KATHLEEN, , ,

Mailing Address 8215 BUNTON ROAD

City
WILLIS

State
MI

Zip Code
48191-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARKWAY SERVICES

Occupation (for Individual)
TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358630

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

75.00

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 739 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MYERS, STEVE, , ,

Mailing Address 711 N 2ND ST

City
ENIDState
OKZip Code
73701-3244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358718

Amount of Each Receipt this Period

18.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NDIKON, FUNKUIN, , ,

Mailing Address 1333 FOREST AVE, 1333

City

MIDDLETOWN

State

OH

Zip Code

45044-4320

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIRACLE HOME CAREOccupation (for Individual)
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358683

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICHOLSON, SANDRA, , ,

Mailing Address 7 CLARKS LANE

City

NIANTIC

State

CT

Zip Code

06357-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358674

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

58.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTONState
MOZip Code
65020-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.377059

Amount of Each Receipt this Period

- 11.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICKLESS, SHARON, , ,

Mailing Address 2589 SPENCER CREEK RD

City
CAMDENTONState
MOZip Code
65020-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1930.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358702

Amount of Each Receipt this Period

11.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OPPENHEIMER, JAMES, , ,

Mailing Address 1581 BRICKELL

City
MIAMIState
FLZip Code
33129-1215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2022

Transaction ID : SA17.358615

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 741 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERDUE, BLAIR, , ,

Mailing Address 4523 WALKER AVE

City
TOLEDOState
OHZip Code
43612-2313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GENERAL MOTORSOccupation (for Individual)
INDUSTRIAL ELECTRICIAN

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
09	/	24	/	2022

Transaction ID : SA17.358589

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POINTS, MARGIE, , ,

Mailing Address P.O. BOX 89

City
GARDEN CITYState
UTZip Code
84028-0089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358677

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POZZI, ROBERT, , ,

Mailing Address 3733 FALSTONE ROAD

City
NORTH CHESTERFIELDState
VAZip Code
23234-3769FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1430.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358746

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 742 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHANZ, DAVID, , ,

Mailing Address 2899 CON DIOS LANE

City
SULPHURState
LAZip Code
70663-0337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022**Transaction ID : SA17.358661**

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHOOK, JOHN L, , ,

Mailing Address 927 CHELTENHAM WAY

City
AVONState
INZip Code
46123-4139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
L.H. EXPRESS, LLCOccupation (for Individual)
DIRECTOR OF SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022**Transaction ID : SA17.358566**

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TESAR, MICHAEL, , ,

Mailing Address 10 AURORA DRIVE

City
ROLLING HILLS ESTAState
CAZip Code
90274-4202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2043.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022**Transaction ID : SA17.358577**

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOWNSEND, FREDERICK, , ,

Mailing Address 1907 SOUTH LE HOMME DIEU DRIVE NOR

City
ALEXANDRIA

State
MN

Zip Code
56308-8577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANFORD HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358621

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TURRISI, GLORIA, , ,

Mailing Address 164 LIBERTY STREET

City
PAWCATUCK

State
CT

Zip Code
06379-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358684

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TYRHOLM, MICHAEL, , ,

Mailing Address 3510 COLLIER LANE

City
KLAMATH FALLS

State
OR

Zip Code
97603-9643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2022

Transaction ID : SA17.358713

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMA

State
AZ

Zip Code
85367-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.80

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358554

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VILLANOVA, JOHN, , ,

Mailing Address 9360 COVE POINT CIR

City

BOYNTON BEACH

State

FL

Zip Code

33472-2768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIMOUSINESWORLDWIDE.COM

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.50

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358609

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City

CHUGIAK

State

AK

Zip Code

99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / **24** / **2022**

Transaction ID : SA17.358756

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZAKRZEWSKI, WANDA, , ,

Mailing Address 5660 DENALI STREET

City
ANCHORAGEState
AKZip Code
99518-1340FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2022

Transaction ID : SA17.358648

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2022

Transaction ID : SA17.358768

Amount of Each Receipt this Period

878.54

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABE, JOSEPH, , ,

Mailing Address 582 NORTH LAUREL VALLEY DRIVE

City
AZUSAState
CAZip Code
91702-1846FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOSEPH E ABE, A DENTAL CORPOccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2022

Transaction ID : SA17.358800

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BISHOP, LYNDA, , ,

Mailing Address 2424 GA HWY 305

City
MIDVILLE

State
GA

Zip Code
30441-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.50

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358868

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358931

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARD, ERIC, , ,

Mailing Address 10613 WEST MANZANITA DRIVE

City
SUN CITY

State
AZ

Zip Code
85373-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.50

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358978

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARKState
ARZip Code
72949-8145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358834

Amount of Each Receipt this Period

0.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359059

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMANState
SCZip Code
29349-5600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359067

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

5.60

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 748 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359070

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359182

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CATON, ROBERT, , ,

Mailing Address 7373 E US HIGHWAY 60 LOT 60

City
GOLD CANYON

State
AZ

Zip Code
85118-9092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.80

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358781

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROTH, DONNA, , ,

Mailing Address 880 HARTMAN CT

City
ADAMSState
TNZip Code
37010-8939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358804

Amount of Each Receipt this Period

2.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROTH, DONNA, , ,

Mailing Address 880 HARTMAN CT

City
ADAMSState
TNZip Code
37010-8939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358806

Amount of Each Receipt this Period

0.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROTH, DONNA, , ,

Mailing Address 880 HARTMAN CT

City
ADAMSState
TNZip Code
37010-8939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358807

Amount of Each Receipt this Period

0.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMANN, KAREN, , ,

Mailing Address 4090 OAK PARK DRIVE

City
SUWANEE

State
GA

Zip Code
30024-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.358998

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERD, CATHI, , ,

Mailing Address 6689 BUSHTON STREET

City
NAVARRE

State
FL

Zip Code
32566-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359008

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINKLE, MARTHA, , ,

Mailing Address 3615 , WENTWORTH DRIVE

City
ARLINGTON

State
TX

Zip Code
76001-5255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

272.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359127

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359130

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359131

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359133

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

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 752 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359134

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359135

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359136

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, DONALD, , ,

Mailing Address 5775 OLD HIGHWAY 54

City
PHILPOT

State
KY

Zip Code
42366-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.70

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359138

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.53

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358828

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRAEMER, FLOYD, , ,

Mailing Address 2333 CARLING DRIVE

City
MADISON

State
WI

Zip Code
53711-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.20

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358818

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAND, NANCY, , ,

Mailing Address 34 COPENHAGEN AVE

City
PUNTA GORDA

State
FL

Zip Code
33950-7316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.358964

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.358916

Amount of Each Receipt this Period

6.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.358917

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358919

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358920

Amount of Each Receipt this Period

7.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358921

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.35

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 756 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOPEZ, DAVID, , ,

Mailing Address 20845 WEST CARVER ROAD

City
BUCKEYE

State
AZ

Zip Code
85326-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CANAM STEEL CORP

Occupation (for Individual)
MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.358829

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359109

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359114

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359116

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCracken, DONALD, , ,

Mailing Address 5674 LONGWOOD STREET

City

BEAUMONT

State

TX

Zip Code

77707-1892

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.358875

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City

CYPRESS

State

TX

Zip Code

77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359091

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359093

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359096

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359098

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359099

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359100

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359118

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

18.20

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 760 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359119

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359120

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359121

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359122

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359124

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359125

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359147

Amount of Each Receipt this Period

0.01

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'DONNELL, DONNA, , ,

Mailing Address P.O. BOX 1132

City
BOYD

State
TX

Zip Code
76023-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.20

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359063

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARRISH, BUTCH, , ,

Mailing Address 1715 BEACH RD

City
HAMPTON

State
VA

Zip Code
23664-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.58

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358894

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARTRIDGE, LINDA, , ,

Mailing Address 120 OFALLON PLAZA

City
O FALLONState
MOZip Code
63366-2613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARTRIDGE COUNSELINGOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358795

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICH, MARSHA, , ,

Mailing Address 44426 NORTH 12TH STREET

City
NEW RIVERState
AZZip Code
85087-7314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358900

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLEState
WAZip Code
98077-7600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

736.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358903

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

1.35

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 764 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SELLERS, KAREN, , ,

Mailing Address 16 ASPEN WAY

City
SCHWENKSVILLEState
PAZip Code
19473-1788FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARLEYSVILLE INS.Occupation (for Individual)
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.08

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358897

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SELLERS, KAREN, , ,

Mailing Address 16 ASPEN WAY

City
SCHWENKSVILLEState
PAZip Code
19473-1788FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARLEYSVILLE INS.Occupation (for Individual)
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.08

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358899

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEAFFER, SYLVIA, , ,

Mailing Address 1524 ESBENSHADE ROAD

City
LANCASTERState
PAZip Code
17601-4450FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359068

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

2.50

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 765 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, HOLLIE, , ,

Mailing Address 920. CARRIAGE HOUSE COURT

City
HERSHEY

State
PA

Zip Code
17033-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358926

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, HOLLIE, , ,

Mailing Address 920. CARRIAGE HOUSE COURT

City
HERSHEY

State
PA

Zip Code
17033-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358970

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPRINKEL, CINDY, , ,

Mailing Address 5982 ASHLEY LANE

City
MARSING

State
ID

Zip Code
83639-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

544.88

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358955

Amount of Each Receipt this Period

0.07

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACH

State
FL

Zip Code
32550-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358905

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACH

State
FL

Zip Code
32550-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358907

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TROCHTA, JOSEPH F., , ,

Mailing Address 4025 TEALWOOD

City
AUSTIN

State
TX

Zip Code
78731-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

972.25

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.358775

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TROCHTA, JOSEPH F., , ,

Mailing Address 4025 TEALWOOD

City
AUSTINState
TXZip Code
78731-1341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358776

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358858

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.358859

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WADKINS, SHIRLEY, , ,

Mailing Address 3005 NORTHAVEN STREET

City
CORINTH

State
MS

Zip Code
38834-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.30

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359064

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359218

Amount of Each Receipt this Period

5269.83

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALMEIDA, MILDRED, , ,

Mailing Address 409 S SPRING ST

City
SEARCY

State
AR

Zip Code
72143-6731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359291

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AVALONE, VINCENT, , ,

Mailing Address 604 FLEETWOOD DRIVE

City
LITITZState
PAZip Code
17543-6612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMCOccupation (for Individual)
PHYSICIAN 4246

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
09		25		2022

Transaction ID : SA17.359315

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEADLE, RALPH, , ,

Mailing Address P.O. BOX 53658

City
LUBBOCKState
TXZip Code
79453-3658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359323

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOYLAN, MAHSHID, , ,

Mailing Address 2019 WHITELAW DRIVE

City
SPRINGState
TXZip Code
77386-1731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359335

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMARANO, STEVE, , ,

Mailing Address 3928 MANATEE CLUB DR.

City
RUSKINState
FLZip Code
33570-6172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359309

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City

HACIENDA HEIGHTS

State

CA

Zip Code

91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359240

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLASON, LEE, , ,

Mailing Address 11130 NORTH144TH STREET

City

WAVERLY

State

NE

Zip Code

68462-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
TRUCKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359353

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 771 OF 1421
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COX, GORDON, , ,

Mailing Address 19 WOODCREST DRIVE

City
PHENIX CITYState
ALZip Code
36869-5825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022**Transaction ID : SA17.359283**

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, JERRY, , ,

Mailing Address P.O. BOX 95

City
LENORAHState
TXZip Code
79749-0095FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022**Transaction ID : SA17.359310**

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COX, JOYCE S, , ,

Mailing Address 50 CONDOLEA CT

City
LAKE OSWEGOState
ORZip Code
97035-1002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022**Transaction ID : SA17.359397**

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESEY, PAUL, , ,

Mailing Address 174 ELBERT WAY

City
BRISTOL

State
VA

Zip Code
24202-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1184.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359284

Amount of Each Receipt this Period

18.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDBLUM, MARTIN, , ,

Mailing Address 1746 SAN YSIDROW DRIVE

City
BEVERLY HILLS

State
CA

Zip Code
90210-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359281

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDBLUM, MARTIN, , ,

Mailing Address 1746 SAN YSIDROW DRIVE

City
BEVERLY HILLS

State
CA

Zip Code
90210-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359282

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMILTON, JENNY, , ,

Mailing Address 414 PELHAM RD

City
FORT WALTON BEACH

State
FL

Zip Code
32547-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.60

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359249

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOCH, GERALD, , ,

Mailing Address 8055 HIGH MEADOW CT

City
SAN DIEGO

State
CA

Zip Code
92119-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359348

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGO

State
OR

Zip Code
97034-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

489.16

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359257

Amount of Each Receipt this Period

16.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGO

State
OR

Zip Code
97034-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.16

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359394

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAZELL, MAVIS, , ,

Mailing Address 2151 GRACE DR.

City
SANTA ROSA

State
CA

Zip Code
95404-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359219

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEAS II, WARREN, , ,

Mailing Address 449 PLEASANT HILL RD

City
WRIGHTSVILLE

State
PA

Zip Code
17368-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.06

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359296

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEMASTER, NANCY, , ,

Mailing Address 105 PINE CREST DRIVE

City
IRONTON

State
OH

Zip Code
45638-3068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUSINESS OWNER

Occupation (for Individual)
PIZZA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3144.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359370

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359258

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359259

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

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 776 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359260

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359261

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359262

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359263

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359264

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359265

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359266

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359267

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359271

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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 779 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359272

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359273

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359274

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYANState
OHZip Code
43506-8725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359275

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYANState
OHZip Code
43506-8725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359276

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYANState
OHZip Code
43506-8725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : SA17.359278

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUSTIK, THOMAS, , ,

Mailing Address 51680 JAMES LAWRENCE PKWY

City
GRANGERState
INZip Code
46530-5630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	2		

Transaction ID : SA17.359325

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUSTIK, THOMAS, , ,

Mailing Address 51680 JAMES LAWRENCE PKWY

City
GRANGERState
INZip Code
46530-5630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	2		

Transaction ID : SA17.359379

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLBRANTZ, JANET, , ,

Mailing Address 1018 MAIN ST.

City
LUXEMBURGState
WIZip Code
54217-1301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	2		

Transaction ID : SA17.359245

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

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 782 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRUETT, DOUG, , ,

Mailing Address 1932 LINCOLN DRIVE

City
ANNAPOLIS

State
MD

Zip Code
21401-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359294

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAMILENKO, ALEX, , ,

Mailing Address 91B SINGWORTH ST

City
OYSTER BAY

State
NY

Zip Code
11771-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONTRACTOR

Occupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359302

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOWDEN, TOM, , ,

Mailing Address 3934 MARIETTA WAY

City
SAINT CLOUD

State
FL

Zip Code
34772-8712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.70

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359286

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STOLL, SANDRA, , ,

Mailing Address 110CR 3694

City
SPRINGTOWN

State
TX

Zip Code
76082-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359285

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STOLL, SANDRA, , ,

Mailing Address 110CR 3694

City
SPRINGTOWN

State
TX

Zip Code
76082-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359351

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STONE, CHERYL, , ,

Mailing Address 2955 HANSON LOOP

City
BURBANK

State
WA

Zip Code
99323-9571

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359328

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

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 784 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAFT, NANCY, , ,

Mailing Address P.O. BOX 326

City
SOUTHFIELD

State
MI

Zip Code
48037-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.70

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359222

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAFT, NANCY, , ,

Mailing Address P.O. BOX 326

City
SOUTHFIELD

State
MI

Zip Code
48037-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.70

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359223

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMA

State
AZ

Zip Code
85367-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.80

Date of Receipt

09 / **25** / **2022**

Transaction ID : SA17.359357

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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 785 OF 1421

☐ 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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359340

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359341

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEYER, SANDRA H, , ,

Mailing Address P.O. BOX 4925

City
EUREKA

State
CA

Zip Code
95502-4925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 25 / 2022

Transaction ID : SA17.359358

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOJCIK, EDMUND, , ,

Mailing Address 8732 KENDALL BROOK CIRCLE

City
LAS VEGAS

State
NV

Zip Code
89149-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359361

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOJCIK, EDMUND, , ,

Mailing Address 8732 KENDALL BROOK CIRCLE

City
LAS VEGAS

State
NV

Zip Code
89149-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359362

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZABIK, MARY, , ,

Mailing Address 11985 LAKESHORE DRIVE

City
CHARLEVOIX

State
MI

Zip Code
49720-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

827.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2022

Transaction ID : SA17.359293

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEGG, MELISSA, , ,

Mailing Address 3683 DOCKSIDE DR.

City
WARRENTONState
VAZip Code
20187-2442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	2	2		

Transaction ID : SA17.377057

Amount of Each Receipt this Period

- 25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NWO RESOURCES, INC.

Mailing Address 7800 E DORADO PLACE, SUITE 250

City
ENGLEWOODState
COZip Code
80111-2336FEC 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 ▼

200000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	2	2		

Transaction ID : SA17.359405

Amount of Each Receipt this Period

200000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	6		2	0	2	2		

Transaction ID : SA17.359406

Amount of Each Receipt this Period

1274.13

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

199975.00

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 788 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALBERTINI, RAE, , ,

Mailing Address 114 BARTRAM LANE

City
COLLEYVILLEState
TXZip Code
76034-7202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2081.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359727

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BERSAGLIERI, RONALD, , ,

Mailing Address 6783 CHELTON DRIVE

City
OAKLANDState
CAZip Code
94611-1619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359474

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LANE

City
STAUNTONState
VAZip Code
24401-6287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359704

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUERGER, LELIA T, , ,

Mailing Address 14242 MISTY MEADOW LANE

City
HOUSTON

State
TX

Zip Code
77079-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.65

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359847

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359614

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COX, BARBARA COX, , ,

Mailing Address 3328 TUCKALEECHIE PIKE,

City
MARYVILLE

State
TN

Zip Code
37803-7913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.27

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359774

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DONAHUE, NANCY, , ,

Mailing Address 10139 KRESS ROAD

City
PINCKNEY

State
MI

Zip Code
48169-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.10

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359658

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOOD

State
WV

Zip Code
26164-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359935

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOOD

State
WV

Zip Code
26164-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.95

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359936

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.65

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOODState
WVZip Code
26164-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : SA17.359937

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELIASSEN, JAMES, , ,

Mailing Address 1205 20TH STREET SOUTH

City
VIRGINIAState
MNZip Code
55792-3724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : SA17.359481

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELIASSEN, JAMES, , ,

Mailing Address 1205 20TH STREET SOUTH

City
VIRGINIAState
MNZip Code
55792-3724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : SA17.359483

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 792 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359599

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALE, LINDA, , ,

Mailing Address 2238 GOVERNORS BEND RD SE

City
HUNTSVILLEState
ALZip Code
35801-1371FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359915

Amount of Each Receipt this Period

0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359518

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359525

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359527

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359530

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359532

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359534

Amount of Each Receipt this Period

17.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359535

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

27.85

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 795 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359888

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359889

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359891

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.359892

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.359893

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.359894

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33.75

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 797 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359895

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLE

State
WA

Zip Code
98112-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359634

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359477

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.47

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 798 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359478

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359480

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

508.52

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359489

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOWRY, FRED SR, , ,

Mailing Address 10958 BAY MEADOW CIRCLE

City
SANDYState
UTZip Code
84092-4652FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359627

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORAState
COZip Code
80017-6550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359519

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORAState
COZip Code
80017-6550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359521

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORA

State
CO

Zip Code
80017-6550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359522

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORA

State
CO

Zip Code
80017-6550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359523

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORA

State
CO

Zip Code
80017-6550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359524

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORAState
COZip Code
80017-6550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359526

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORAState
COZip Code
80017-6550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359529

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCracken, DONALD, , ,

Mailing Address 5674 LONGWOOD STREET

City
BEAUMONTState
TXZip Code
77707-1892FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359851

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

1.20

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 802 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEINTS, MARY, , ,

Mailing Address 4020 SO FOLSOM ST

City
LINCOLNState
NEZip Code
68522-2227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359877

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, CRAIG, , ,

Mailing Address 954 BEACH FERN CT

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LEGAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359502

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City

SAFETY HARBOR

State

FL

Zip Code

34695-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359430

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICHOLSON, SANDRA, , ,

Mailing Address 7 CLARKS LANE

City
NIANTICState
CTZip Code
06357-1533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359540

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARRISH, BUTCH, , ,

Mailing Address 1715 BEACH RD

City
HAMPTONState
VAZip Code
23664-1935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359684

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359705

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESTON, BRADLEY, , ,

Mailing Address 2109 SOMMER STREET

City
NAPA

State
CA

Zip Code
94559-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359593

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RACCA, VENNOY, , ,

Mailing Address 2314 GREEN TEE DR.

City
PEARLAND

State
TX

Zip Code
77581-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359657

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICH, MARSHA, , ,

Mailing Address 44426 NORTH 12TH STREET

City
NEW RIVER

State
AZ

Zip Code
85087-7314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359596

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 805 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SELLERS, JILL, , ,

Mailing Address 122 DOE MEADOW LANE

City
EL DORADOState
ARZip Code
71730-3987FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022**Transaction ID : SA17.359585**

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SELLERS, JILL, , ,

Mailing Address 122 DOE MEADOW LANE

City
EL DORADOState
ARZip Code
71730-3987FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022**Transaction ID : SA17.359590**

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAPLETON, DWIGHT, , ,

Mailing Address 5937 CHESTER LANE

City
MARYVILLEState
TNZip Code
37801-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KCUDOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022**Transaction ID : SA17.359859**

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEIDEL, CLAIRE, , ,

Mailing Address 10040 E HAPPY VALLEY RD

City
SCOTTSDALE

State
AZ

Zip Code
85255-2395

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
DOG JUDGE/WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359907

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359663

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, SHAJI, , ,

Mailing Address 2526 TERRA COTTA CIRCLE

City
HERNDON

State
VA

Zip Code
20171-4698

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359618

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359647

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359649

Amount of Each Receipt this Period

1.40

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359653

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359659

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359660

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359661

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

7.35

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 809 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359662

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359493

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359494

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359505

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359507

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359810

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YEH, ALBERT, , ,

Mailing Address 6589 WAKEFALLS DR.

City
WAKE FORESTState
NCZip Code
27587-4705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359566

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YEH, ALBERT, , ,

Mailing Address 6589 WAKEFALLS DR.

City
WAKE FORESTState
NCZip Code
27587-4705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359570

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359944

Amount of Each Receipt this Period

13275.29

☒ Memo Item
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDROS, ANN, , ,

Mailing Address P O BOX 3651

City
CARMEL BY THE SEA

State
CA

Zip Code
93921-3651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1978.35

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360237

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BABCOCK, PAUL, , ,

Mailing Address P.O. BOX 661

City
SAG HARBOR

State
NY

Zip Code
11963-0017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PROP MNGMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.70

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360236

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAHLER, WALTER, , ,

Mailing Address 5927 S CREEKSIDE CT

City
REMINGTON

State
IN

Zip Code
47977-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1598.40

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360201

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARBER, FRED, , ,

Mailing Address 457 COUNTY ROAD 312

City
FLORESVILLEState
TXZip Code
78114-3406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360303

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEAVER, CHARLES, , ,

Mailing Address 5461 WARING

City
SAN DIEGOState
CAZip Code
92120-1849FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUSTSONS TRUCKINGOccupation (for Individual)
TRUCK DRIVER

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
09		26		2022

Transaction ID : SA17.360148

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BITNER, HELEN, , ,

Mailing Address 2353 LA CHANCE ROAD

City
VILLE PLATTEState
LAZip Code
70586-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360072

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

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 814 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BITNER, HELEN, , ,

Mailing Address 2353 LA CHANCE ROAD

City
VILLE PLATTE

State
LA

Zip Code
70586-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.360074

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BITNER, HELEN, , ,

Mailing Address 2353 LA CHANCE ROAD

City
VILLE PLATTE

State
LA

Zip Code
70586-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.360075

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BITNER, HELEN, , ,

Mailing Address 2353 LA CHANCE ROAD

City
VILLE PLATTE

State
LA

Zip Code
70586-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.360085

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BITNER, HELEN, , ,

Mailing Address 2353 LA CHANCE ROAD

City
VILLE PLATTEState
LAZip Code
70586-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : SA17.360086

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BODMER, JOHN, , ,

Mailing Address 12736 SOMERDOWNS COURT

City
DRAPERState
UTZip Code
84020-8501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : SA17.360070

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BODMER, JOHN, , ,

Mailing Address 12736 SOMERDOWNS COURT

City
DRAPERState
UTZip Code
84020-8501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : SA17.360073

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BUERGER, LELIA T, , ,**

Mailing Address 14242 MISTY MEADOW LANE

City
HOUSTON

State
TX

Zip Code
77079-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360105

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **CARLSON, VALERIE, , ,**

Mailing Address 19402 N 98TH AVE

City
PEORIA

State
AZ

Zip Code
85382-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360318

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **CHANDLER, JOAN, , ,**

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359945

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.359946

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.359974

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.359975

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.360027

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.360029

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, NANCY, , ,

Mailing Address 2831 NE BREEZEWAY CIR

City
JENSEN BEACH

State
FL

Zip Code
34957-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.360327

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, NANCY, , ,

Mailing Address 2831 NE BREEZEWAY CIR

City
JENSEN BEACHState
FLZip Code
34957-5725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360329

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, NANCY, , ,

Mailing Address 2831 NE BREEZEWAY CIR

City
JENSEN BEACHState
FLZip Code
34957-5725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360333

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, NANCY, , ,

Mailing Address 2831 NE BREEZEWAY CIR

City
JENSEN BEACHState
FLZip Code
34957-5725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360337

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLAWSER, SAMUEL, , ,

Mailing Address 641 CRESTVIEW AVE

City
NICEVILLE

State
FL

Zip Code
32578-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360298

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, ERIC, , ,

Mailing Address 2720 ARGUELLO DRIVE

City
BURLINGAME

State
CA

Zip Code
94010-5816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ENGINEER

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
09 / 26 / 2022

Transaction ID : SA17.360007

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUPPLES, LYNDIA, , ,

Mailing Address 12726 HARTS ISLAND ROAD

City
SHREVEPORT

State
LA

Zip Code
71115-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1625.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360002

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

635.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DABISH, WILLIAM, , ,

Mailing Address 44125 W 12 MILE RD

City
NOVIState
MIZip Code
48377-1979FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360162

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIELSON, LLOYD, , ,

Mailing Address 7009SEMAPLHURST RD

City
PORTLANDState
ORZip Code
97222-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360010

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DODD, LEISA, , ,

Mailing Address 280 EAGLE ROAD

City
BUCHANANState
TNZip Code
38222-4033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360106

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELLSWORTH, CLARENCE, , ,

Mailing Address 8059 NORTH HIBISCUS LANE

City
COEUR D ALENE

State
ID

Zip Code
83815-0081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360305

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360092

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360093

Amount of Each Receipt this Period

29.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

68.00

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 823 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360233

Amount of Each Receipt this Period

4.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360234

Amount of Each Receipt this Period

24.76

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ESPINEIRA, FRANCINE, , ,

Mailing Address 1145 HART LANE

City
FULTONState
CAZip Code
95439-8820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360232

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

78.76

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 824 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIBSON PENKA, NANCY, , ,

Mailing Address 108 BRYAN ST

City
PLAINVIEWState
TXZip Code
79072-8912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360353

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINAState
NCZip Code
27526-4849FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359990

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALVERSON, LEE, , ,

Mailing Address 444 CR 482S

City
LAKE PANASOFFKEEState
FLZip Code
33538-6044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360143

Amount of Each Receipt this Period

2.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

32.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARLFINGER, CHARLES, , ,

Mailing Address 7830 MANASOTA KEY ROAD

City
ENGLEWOOD

State
FL

Zip Code
34223-9359

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FBM

Occupation (for Individual)
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1467.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360080

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARK

State
TX

Zip Code
77536-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359989

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARK

State
TX

Zip Code
77536-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360253

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, ANDREW, , ,

Mailing Address 1595 BLACKHAWK HILLS ROAD

City
EAGANState
MNZip Code
55122-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360319

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEARTQUIST, PAUL, , ,

Mailing Address 6732 SOUTH PEBBLE BEACH DRIVE

City
CHANDLERState
AZZip Code
85249-4348FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360136

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KATY ISDOccupation (for Individual)
BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359969

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

2040.00

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 827 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KATY ISDOccupation (for Individual)
BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359970

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEUER, RANDY, , ,

Mailing Address 1218 SUNRISE CIRCLE

City
MUSCATINEState
IAZip Code
52761-3631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUSCATINE COUNTY ABSTRACT COMPANYOccupation (for Individual)
ABTRACTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360138

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONEState
NYZip Code
11357-2629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360216

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

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 828 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JESALVA, CHITA, , ,

Mailing Address 22309 92ND AVENUE WEST

City
EDMONDSState
WAZip Code
98020-4504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360349

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, CRAIG, , ,

Mailing Address 1070 WINDY SHORE DRIVE

City
COLDWATERState
MIZip Code
49036-8024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360330

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAESGEN, DIETER, , ,

Mailing Address 19460 FRAZIER

City
ROCKY RIVERState
OHZip Code
44116-1727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

577.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360023

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

284.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELSEY, T D, , ,

Mailing Address 22 SLIDE MTN LANE

City
CODYState
WYZip Code
82414-8023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360219

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELSEY, T D, , ,

Mailing Address 22 SLIDE MTN LANE

City
CODYState
WYZip Code
82414-8023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360220

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELSEY, T D, , ,

Mailing Address 22 SLIDE MTN LANE

City
CODYState
WYZip Code
82414-8023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

473.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360221

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELSEY, T D, , ,

Mailing Address 22 SLIDE MTN LANE

City
CODYState
WYZip Code
82414-8023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360222

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLESH, DIANA, , ,

Mailing Address 4289 HIGH ROAD

City
CRESCOState
PAZip Code
18326-7079FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360117

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

489.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359980

Amount of Each Receipt this Period

37.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

82.00

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 831 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **LANG, RICHARD, , ,**

Mailing Address 719 15TH AVE E

City
SEATTLE

State
WA

Zip Code
98112-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359999

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **LOWRY, DIANE, , ,**

Mailing Address 707 LONG AVENUE

City
PORT SAINT JOE

State
FL

Zip Code
32456-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360057

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **LUCAS, PEGGY, , ,**

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359978

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATZKE, GREGORY, , ,

Mailing Address 1096 SUNSET AV

City
MONTROSEState
MNZip Code
55363-4403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HOME IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360169

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATZKE, GREGORY, , ,

Mailing Address 1096 SUNSET AV

City
MONTROSEState
MNZip Code
55363-4403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HOME IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360171

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCracken, DONALD, , ,

Mailing Address 5674 LONGWOOD STREET

City
BEAUMONTState
TXZip Code
77707-1892FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360059

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 833 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359949

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359950

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359952

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359953

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359954

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

857.24

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.359956

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIRABILE, LORRAINE, , ,

Mailing Address 1527 PELICAN PATH

City
THE VILLAGES

State
FL

Zip Code
32162-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359957

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOODY, TIM, , ,

Mailing Address 7. GROW LN

City
STREAMWOOD

State
IL

Zip Code
60107-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOE H

Occupation (for Individual)
SHEET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360283

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOON, KAREN MARIE, , ,

Mailing Address 35490 CAMP CREEK ROAD

City
SPRINGFIELD

State
OR

Zip Code
97478-8772

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360306

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 836 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOON, KAREN MARIE, , ,

Mailing Address 35490 CAMP CREEK ROAD

City
SPRINGFIELDState
ORZip Code
97478-8772FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360309

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSS, PATRICIA, , ,

Mailing Address 2665 WHISPERING PINE

City
TWIN FALLSState
IDZip Code
83301-8939FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360006

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELSON, ROBERT, , ,

Mailing Address 312 BIRCHWOOD CIR

City
BRANDONState
SDZip Code
57005-2105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVERA HEALTHOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360078

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEWSOME, HELENE, , ,

Mailing Address 4043 CARLYLE LAKES BLVD

City
PALM HARBOR

State
FL

Zip Code
34685-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEALTHCARE

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360108

Amount of Each Receipt this Period

18.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIEMEYER, GREG, , ,

Mailing Address 7908 STANFORD

City
DALLAS

State
TX

Zip Code
75225-8210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOORE-HARALSON

Occupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360324

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORVILLE, GARY, , ,

Mailing Address N93W25911 COUNTRY CT

City
COLGATE

State
WI

Zip Code
53017-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360354

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360104

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEIPPO, RAIJA, , ,

Mailing Address 3217 BELLE AVENUE

City
DENISON

State
TX

Zip Code
75020-7356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360020

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PINKERTON, JERRY, , ,

Mailing Address 2 VENTANA WAY S APT 505

City
DALLAS

State
TX

Zip Code
75225-4578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360102

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PUCHADES, MICHAEL, , ,

Mailing Address 16001 NW 79 CT

City
MIAMI LAKESState
FLZip Code
33016-6644FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.359967

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RADKE, JAY, , ,

Mailing Address 3213 DUKE ST. #722

City
ALEXANDRIAState
VAZip Code
22314-4533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPARTMENT OF COMMERCEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360243

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RADKE, JAY, , ,

Mailing Address 3213 DUKE ST. #722

City
ALEXANDRIAState
VAZip Code
22314-4533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPARTMENT OF COMMERCEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360244

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SALINAS, RITA, , ,

Mailing Address 507 MARQUIS LANE

City
SAN ANTONIOState
TXZip Code
78216-5217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROSSPOINT, INC.Occupation (for Individual)
DIRECTOR OF FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360091

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDERS, DAVID, , ,

Mailing Address 41 S OLD ORCHARD

City
SAINT LOUISState
MOZip Code
63119-3202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HPD CAMBRIDGEOccupation (for Individual)
ARCHITECT-DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360081

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANDSTROM, JOHN, , ,

Mailing Address 17101 408TH ST. SW.

City
PLAZAState
NDZip Code
58771-9691FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360321

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

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 841 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360126

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDON

State
TX

Zip Code
79226-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360260

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPP, MARY, , ,

Mailing Address 1305 BERON DR.

City
METAIRIE

State
LA

Zip Code
70003-5513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

948.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.359966

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

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 842 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, GARLAND, , ,

Mailing Address 585 FOXDALE LOOP W

City
SOUTHAVEN

State
MS

Zip Code
38672-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360231

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360290

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360291

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360292

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360293

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360294

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

60.00

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 844 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.360296

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.360021

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNGAILA, RICHARD, , ,

Mailing Address 1827 PORT STANHOPE PLACE

City
NEWPORT BEACH

State
CA

Zip Code
92660-7120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2122.05

Date of Receipt

09 / **26** / **2022**

Transaction ID : SA17.360111

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

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 845 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRUELOVE, BOBBY, , ,

Mailing Address P.O. BOX 562

City
GARRISON

State
TX

Zip Code
75946-0562

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.360082

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. USHER, STEPHEN, , ,

Mailing Address 1063 WHITE HOUSE LN.

City
WESTFIELD

State
NC

Zip Code
27053-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.76

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.360268

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMA

State
AZ

Zip Code
85367-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.80

Date of Receipt

09 / 26 / 2022

Transaction ID : SA17.360014

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360276

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360277

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, JERRY, , ,

Mailing Address 1920 SO 1ST ST

City
MINNEAPOLISState
MNZip Code
55454-1055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF MINNEAPOLISOccupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2022

Transaction ID : SA17.360282

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

80.00

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 847 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360065

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360311

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360312

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, JIMMY, , ,

Mailing Address 1075 MOTORCOACH DRIVE

City
POLK CITY

State
FL

Zip Code
33868-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360340

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZANIOS, JAMES (JIM), , ,

Mailing Address P.O. BOX 7005

City
ALBUQUERQUE

State
NM

Zip Code
87194-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2022

Transaction ID : SA17.360044

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEAM, K KIM, , ,

Mailing Address 650 QUAIL RUN

City
O'FALLON

State
IL

Zip Code
62269-3142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1958.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.377241

Amount of Each Receipt this Period

- 0.40

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILLIAM, RICHARD , B., ,

Mailing Address P.O. BOX 820

City
KESWICK

State
VA

Zip Code
22947-0820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CUMBERLAND RESOURCE CORPORATION

Occupation (for Individual)
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400000.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360361

Amount of Each Receipt this Period

300000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEROT, HENRY, ROSS, , III

Mailing Address 3000 TURTLE CREEK BOULEVARD

City
DALLAS

State
TX

Zip Code
75219-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HILLWOOD DEVELOPMENT

Occupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.367432

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHATTEL, JOY, , ,

Mailing Address 1697 U.S. HIGHWAY 83

City
CHILDRESS

State
TX

Zip Code
79201-7743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360357

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350100.00

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 850 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONOCOPHILLIPS COMPANY

Mailing Address 925 N. ELDRIDGE PARKWAY

City
HOUSTON

State
TX

Zip Code
77079

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 ▼

1500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360355

Amount of Each Receipt this Period

1500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEO ACQUISITION II INC.

Mailing Address 4955 TECHNOLOGY WAY

City

BOCA RATON

State

FL

Zip Code

33431-3367

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 ▼

350000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360358

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUARANTEE TRUST LIFE INSURANCE CO.

Mailing Address 1275 MILWAUKEE AVENUE

City

GLENVIEW

State

IL

Zip Code

60025-2463

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360359

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N MICHIGAN AVE

City
CHICAGOState
ILZip Code
60611-4011FEC 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 ▼

4600000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360360

Amount of Each Receipt this Period

4000000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360362

Amount of Each Receipt this Period

835.36

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360372

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000005.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360373

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360374

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360375

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360376

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360377

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360378

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

51.00

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 854 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360600

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360603

Amount of Each Receipt this Period

0.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTON

State
TX

Zip Code
77035-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

954.32

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360605

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BECKWITH, SUSAN A., , ,

Mailing Address 110 JONES CT

City
CENTRAL

State
SC

Zip Code
29630-9094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PERSONAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360484

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360917

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BERKGREN, GARRY D., , ,

Mailing Address 122 PLUM AVE

City
OAKLEY

State
KS

Zip Code
67748-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5937.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360822

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEST, SAMMY, , ,

Mailing Address 1807FM 3240

City
BANDERA

State
TX

Zip Code
78003-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360913

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360408

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360410

Amount of Each Receipt this Period

0.60

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BEST II, VERNON, , ,**

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360411

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BISHOP, LYNDA, , ,**

Mailing Address 2424 GA HWY 305

City
MIDVILLE

State
GA

Zip Code
30441-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360698

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BONIN, JUDY, , ,**

Mailing Address 187 EDGEFIELD LANE

City
STAUNTON

State
VA

Zip Code
24401-6287

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
HORSE BOARDING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360924

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUERGER, LELIA T, , ,

Mailing Address 14242 MISTY MEADOW LANE

City
HOUSTON

State
TX

Zip Code
77079-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360716

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASEMENT, SANDRA, , ,

Mailing Address 28356 ALAVA

City
MISSION VIEJO

State
CA

Zip Code
92692-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360590

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNOLLY, THOMAS D, , ,

Mailing Address 203 CALABAY PARC BLVD

City
DAVENPORT

State
FL

Zip Code
33897-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360550

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAIG, DENISE, , ,

Mailing Address 2855 SPRING LAKE ROAD SOUTHWEST

City
PRIOR LAKEState
MNZip Code
55372-2338FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3655.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360660

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTEState
CAZip Code
92673-6843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360797

Amount of Each Receipt this Period

0.05

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTEState
CAZip Code
92673-6843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360801

Amount of Each Receipt this Period

0.05

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ECHOLS, DON, , ,

Mailing Address 3461 JERROLD BOULEVARD

City
BRUNSWICK

State
OH

Zip Code
44212-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360839

Amount of Each Receipt this Period

0.03

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ECHOLS, ELIZABETH, , ,

Mailing Address 369 HUNTINGTON LAKE CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360769

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ECHOLS, ELIZABETH, , ,

Mailing Address 369 HUNTINGTON LAKE CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

637.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360770

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ECHOLS, ELIZABETH, , ,

Mailing Address 369 HUNTINGTON LAKE CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.88

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360889

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERRARA, KATHY, , ,

Mailing Address 161 SPRING GLEN

City
SHELTON

State
CT

Zip Code
06484-3886

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECHN

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.25

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360700

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAHNEMANN, ARTUR, , ,

Mailing Address 4510 140 AVE SE

City
BELLEVUE

State
WA

Zip Code
98006-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

388.11

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360903

Amount of Each Receipt this Period

6.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAHNEMANN, ARTUR, , ,

Mailing Address 4510 140 AVE SE

City
BELLEVUE

State
WA

Zip Code
98006-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.11

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360904

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEARTQUIST, PAUL, , ,

Mailing Address 6732 SOUTH PEBBLE BEACH DRIVE

City
CHANDLER

State
AZ

Zip Code
85249-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360869

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360708

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360709

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360711

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360731

Amount of Each Receipt this Period

4.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

17.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.360734

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.360736

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINO

State
CA

Zip Code
91710-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.360737

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 865 OF 1421

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360738

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360739

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360740

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360742

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUO, JOLENE, , ,

Mailing Address 3719 TRINITY CT

City
CHINOState
CAZip Code
91710-2066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1497.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360921

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYANState
OHZip Code
43506-8725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360701

Amount of Each Receipt this Period

0.02

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYAN

State
OH

Zip Code
43506-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.64

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360702

Amount of Each Receipt this Period

0.02

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYNARD, MARCI, , ,

Mailing Address 2708 SIERRA VISTA

City

BAKERSFIELD

State

CA

Zip Code

93306-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.55

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360787

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENIATES, JAMES, , ,

Mailing Address 9568 SIRACUSA CT.

City

NAPLES

State

FL

Zip Code

34113-8208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.35

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360620

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City
SAFETY HARBORState
FLZip Code
34695-5249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360405

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City
SPICEWOODState
TXZip Code
78669-1491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360482

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOBLEY, TYMA, , ,

Mailing Address 23917 PEDERNALES DRIVE

City
SPICEWOODState
TXZip Code
78669-1491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
R.N. NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

693.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360483

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 869 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLANDState
MAZip Code
02370-1505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360756

Amount of Each Receipt this Period

0.25

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OWENS, MARSHA ANN, , ,

Mailing Address 17807 WOOD BARK ROAD

City
SPRINGState
TXZip Code
77379-6120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360515

Amount of Each Receipt this Period

6.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OWENS, MARSHA ANN, , ,

Mailing Address 17807 WOOD BARK ROAD

City
SPRINGState
TXZip Code
77379-6120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

289.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360517

Amount of Each Receipt this Period

0.20

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

6.95

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 870 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROOM, HERBERT, , ,

Mailing Address PRO BOX 601

City
DALLESPORTState
WAZip Code
98617-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360859

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROOM, HERBERT, , ,

Mailing Address PRO BOX 601

City
DALLESPORTState
WAZip Code
98617-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360864

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANSING, BETTY, , ,

Mailing Address 5599 HIGHWAY 70

City
CLARENDONState
TXZip Code
79226-4004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1472.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360840

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City

MUSCLE SHOALS

State

AL

Zip Code

35661-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360553

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHELTON, JANICE, , ,

Mailing Address 152 MASSEY RD

City

LOCUST FORK

State

AL

Zip Code

35097-5934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360558

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SZYMANSKI, JUDITH, , ,

Mailing Address 829 SOUTH MAIN ST.

City

MANVILLE

State

NJ

Zip Code

08835-2550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360777

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.25

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 872 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SZYMANSKI, JUDITH, , ,

Mailing Address 829 SOUTH MAIN ST.

City
MANVILLEState
NJZip Code
08835-2550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360778

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANYState
ORZip Code
97322-5873FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360539

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.360609

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.05

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 873 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360610

Amount of Each Receipt this Period

2.40

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360611

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.360612

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

9.40

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 874 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360613

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360614

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360789

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360818

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTH

State
PA

Zip Code
19072-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360929

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360930

Amount of Each Receipt this Period

12827.00

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 876 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLAN, LARRY, , ,

Mailing Address P.O. BOX 150671

City
GRAND RAPIDS

State
MI

Zip Code
49515-0671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.69

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361248

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALLAN, LARRY, , ,

Mailing Address P.O. BOX 150671

City
GRAND RAPIDS

State
MI

Zip Code
49515-0671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.69

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361249

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BASTOUNES, ATHANASIA CINDY, , ,

Mailing Address 1005 BUTTERNUT LANE

City
MOUNT PROSPECT

State
IL

Zip Code
60056-6357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIGHTY CAKE COMPANY

Occupation (for Individual)
BAKERY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.35

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361300

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BASTOUNES, ATHANASIA CINDY, , ,

Mailing Address 1005 BUTTERNUT LANE

City
MOUNT PROSPECT

State
IL

Zip Code
60056-6357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIGHTY CAKE COMPANY

Occupation (for Individual)
BAKERY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361301

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BASTOUNES, ATHANASIA CINDY, , ,

Mailing Address 1005 BUTTERNUT LANE

City
MOUNT PROSPECT

State
IL

Zip Code
60056-6357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIGHTY CAKE COMPANY

Occupation (for Individual)
BAKERY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361303

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELK, MARTIN, , ,

Mailing Address 231 RIVERBEND ROAD

City
SHELBYVILLE

State
TN

Zip Code
37160-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MTPS

Occupation (for Individual)
COURIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361140

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

80.00

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 878 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361110

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLANKENSHIP, KATHY, , ,

Mailing Address 125 ORCHARD DR.

City
ELIDA

State
OH

Zip Code
45807-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.08

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361270

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOLINDER, DAVE, , ,

Mailing Address 5500 EAST PORCUPINE AVENUE

City
WASILLA

State
AK

Zip Code
99654-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOLINDER EXCAVATING

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361269

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

510.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUNO, RICHMOND, , ,

Mailing Address 1370 OAK KNOLL DRIVE

City
SAN JOSE

State
CA

Zip Code
95129-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360971

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUERGER, LELIA T, , ,

Mailing Address 14242 MISTY MEADOW LANE

City
HOUSTON

State
TX

Zip Code
77079-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361151

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARLTON, STEVEN, , ,

Mailing Address 43 WHITE CLIFFS DR.

City
PLYMOUTH

State
MA

Zip Code
02360-8009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361099

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

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 880 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARTER, JOHN, , ,

Mailing Address 3643 KITELY AVE.

City
BOYNTON BEACH

State
FL

Zip Code
33436-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361241

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASH, ASHLEY, , ,

Mailing Address 7717 MILWAUKEE AVE, SUITE 500-402

City
LUBBOCK

State
TX

Zip Code
79424-0685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CX5 PARTNERS, LLC

Occupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361109

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASTRO, JAIME, , ,

Mailing Address 3993 ROBERTS POINT ROAD

City
SIESTA KEY

State
FL

Zip Code
34242-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361128

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360935

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360937

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361312

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNOR, VERNON, , ,

Mailing Address 3387 BRAEMAR DR.

City

CHAMBERSBURG

State

PA

Zip Code

17202-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

COLONY HOUSE

Occupation (for Individual)

RETAIL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361021

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, WILLIAM, , ,

Mailing Address 4002 EAST EL CARMEN AVENUE

City

ORANGE

State

CA

Zip Code

92869-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361066

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRAPPS, JOYCE, , ,

Mailing Address 861 BUSHBERRY ROAD

City

PELION

State

SC

Zip Code

29123-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360978

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

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 883 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CSOMBOK, MAUREEN, , ,

Mailing Address 1035 WEST 9TH ST.

City
ERIEState
PAZip Code
16502-1132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		27		2022

Transaction ID : SA17.360989

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUSICK, ROBERT, , ,

Mailing Address 4722 SOUTHWEST DOSCH PARK LANE

City
PORTLANDState
ORZip Code
97239-1284FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361082

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUSICK, ROBERT, , ,

Mailing Address 4722 SOUTHWEST DOSCH PARK LANE

City
PORTLANDState
ORZip Code
97239-1284FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361182

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVISSON, BONNIE M, , ,

Mailing Address 8641 NE 108 LN

City
BRONSON

State
FL

Zip Code
32621-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361225

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEIHL, RICHARD, , ,

Mailing Address 888 W. E ST. #4002

City
SAN DIEGO

State
CA

Zip Code
92101-6127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360965

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEVETTE, JACK, , ,

Mailing Address 8610 GARBOW DR. SE

City
ALTO

State
MI

Zip Code
49302-9166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.50

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361197

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1035.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAZ, ZOILA, , ,

Mailing Address 1430 SOUTHWEST 15TH STREET

City
MIAMI

State
FL

Zip Code
33145-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360941

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City

SILVERTON

State

OR

Zip Code

97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361240

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360948

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 886 OF 1421
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State
SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360949

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLE, JOHN, , ,

Mailing Address 10428 LONGWOOD DRIVE

City

LAS VEGAS

State
NV

Zip Code

89134-5157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361236

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMIG, SUELLEN, , ,

Mailing Address 106 CARRIAGE DRIVE

City

FREEDOM

State
PA

Zip Code

15042-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

490.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361245

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 887 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIEDMAN, LUCILLE, , ,

Mailing Address 5200 KELLER SPRINGS RD#930

City
DALLAS

State
TX

Zip Code
75248-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361187

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361024

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYN

State
NY

Zip Code
11234-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361103

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYNState
NYZip Code
11234-3812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.361112

Amount of Each Receipt this Period

15.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYNState
NYZip Code
11234-3812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.361113

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAWORTH, RONALD, , ,

Mailing Address P O BOX 8435

City
HOBE SOUNDState
FLZip Code
33475-8435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2022

Transaction ID : SA17.361247

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

85.00

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 889 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360931

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360932

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360933

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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 890 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360934

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOEFLICKER, MARY, , ,

Mailing Address 2690 COUNTRY PARK DRIVE

City
PRESCOTT

State
AZ

Zip Code
86305-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360936

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.53

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361031

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONE

State
NY

Zip Code
11357-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361159

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINER, JAIMEE, , ,

Mailing Address 20225 EYOTA COURT

City
APPLE VALLEY

State
CA

Zip Code
92308-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361020

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIRLIN, KIRK, , ,

Mailing Address 400 SAINT ANDREWS ROAD

City
NEWPORT BEACH

State
CA

Zip Code
92663-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOVO MISSION, INC.

Occupation (for Individual)
MINISTRY CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361288

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGO

State
OR

Zip Code
97034-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360945

Amount of Each Receipt this Period

16.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUSTIK, THOMAS, , ,

Mailing Address 51680 JAMES LAWRENCE PKWY

City
GRANGER

State
IN

Zip Code
46530-5630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361213

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDONALD, JESSE, , ,

Mailing Address 108 SEVILLE PL

City
STARKVILLE

State
MS

Zip Code
39759-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1130.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360951

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCGEHEE, RON, , ,

Mailing Address 3225 CHANNING LANE

City
BEDFORD

State
TX

Zip Code
76021-6505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

PROPERTY TAX CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2022

Transaction ID : SA17.361134

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEYER, MARK, , ,

Mailing Address 8810. , CYPRESS CREEK PARKWAY

City
HOUSTON

State
TX

Zip Code
77070-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AWEOME

Occupation (for Individual)

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY
09 / 27 / 2022

Transaction ID : SA17.360982

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLLOY, PATRICK J, , ,

Mailing Address 1175 WIONNA AVE

City
CINCINNATI

State
OH

Zip Code
45224-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.15

Date of Receipt

MM / DD / YYYY
09 / 27 / 2022

Transaction ID : SA17.361212

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MONTGOMERY, RICHARD, , ,

Mailing Address 17903 ECHOBEND LN

City
SPRING

State
TX

Zip Code
77379-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCHANTS METALS

Occupation (for Individual)
CSR

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
09 / 27 / 2022

Transaction ID : SA17.360992

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOULTON, KARON, , ,

Mailing Address 2603 TIMBERMIST CIR

City
BENTON

State
AR

Zip Code
72015-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361018

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NIEMEYER, GREG, , ,

Mailing Address 7908 STANFORD

City
DALLAS

State
TX

Zip Code
75225-8210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOORE-HARALSON

Occupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361083

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361202

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361205

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361208

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

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 896 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361274

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361275

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361276

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361277

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361278

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALE

State
PA

Zip Code
19446-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAX

Occupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361279

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 898 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ORR, CHUCK, , ,

Mailing Address 415 S SPAULDING AVE

City
PUEBLO

State
CO

Zip Code
81007-2899

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361061

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTERLOH, RITA, , ,

Mailing Address 2020 ARROWHEAD DRIVE

City
OAKLAND

State
CA

Zip Code
94611-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361117

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERS, KELLY, , ,

Mailing Address 13341 CHESAPEAKE PL 13341 CHESAPEA

City
CARROLLTON

State
VA

Zip Code
23314-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUNTINGTON INGALLS INDUSTRIES

Occupation (for Individual)
FINANCE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361273

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. POOL, DONALD, , ,

Mailing Address 10429 SALINAS RIVER CIRCLE

City
FOUNTAIN VALLEY

State
CA

Zip Code
92708-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361071

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POUTEAU, SUZANNE, , ,

Mailing Address 5201 TERRA GRANADA DRIVE

City
WALNUT CREEK

State
CA

Zip Code
94595-4084

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361032

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POZZI, ROBERT, , ,

Mailing Address 3733 FALSTONE ROAD

City
NORTH CHESTERFIELD

State
VA

Zip Code
23234-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1430.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361310

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. POZZI, ROBERT, , ,

Mailing Address 3733 FALSTONE ROAD

City
NORTH CHESTERFIELD

State
VA

Zip Code
23234-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.65

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361316

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRUETT, DOUG, , ,

Mailing Address 1932 LINCOLN DRIVE

City
ANNAPOLIS

State
MD

Zip Code
21401-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361129

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PURMORT, JOSEPH, , ,

Mailing Address 4547GLADE RD

City
FOREST PARK

State
GA

Zip Code
30297-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOCKHEED MARTIN

Occupation (for Individual)
MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

461.85

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360977

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAGLAND, TOM, , ,

Mailing Address 9049 SOMERSET BAY LANE, APT. #401

City
VERO BEACH

State
FL

Zip Code
32963-5626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361226

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMIREZ, JACK, , ,

Mailing Address 360 EAST LOCH LLOYD PARKWAY

City
LOCH LLOYD

State
MO

Zip Code
64012-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361094

Amount of Each Receipt this Period

80.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, DEIDRE, , ,

Mailing Address 885 LYMAN AVENUE

City
RENO

State
NV

Zip Code
89509-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361090

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

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 902 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361216

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361217

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361218

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

45.00

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 903 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		27		2022

Transaction ID : SA17.361219

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		27		2022

Transaction ID : SA17.361220

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		27		2022

Transaction ID : SA17.361221

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

125.00

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 904 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361296

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEFANIK, RHONDA, , ,

Mailing Address 7296 MENAI WAY

City
BLACKLICK

State
OH

Zip Code
43004-7534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.70

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361019

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEFANIK, RHONDA, , ,

Mailing Address 7296 MENAI WAY

City
BLACKLICK

State
OH

Zip Code
43004-7534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.70

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361206

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRANDBERG, ERIC, , ,

Mailing Address 231 COLUMBIA STREET

City
OMAKState
WAZip Code
98841-9625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
MANUFACTURING

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 Y
09		27		2022

Transaction ID : SA17.361101

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACHState
FLZip Code
32550-4813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361160

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACHState
FLZip Code
32550-4813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361161

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, MARILYN, , ,

Mailing Address 6859 RALARIC DRIVE

City
DEXTER

State
MI

Zip Code
48130-9689

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.360963

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANY

State
OR

Zip Code
97322-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.60

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361118

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOURTELLOTTE JR, WALLACE, , ,

Mailing Address 3404 24TH COURT SE

City
ALBANY

State
OR

Zip Code
97322-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

826.60

Date of Receipt

09 / 27 / 2022

Transaction ID : SA17.361119

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

145.00

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 907 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN DENEND, GARY, , ,

Mailing Address 133 NORTH 3RD STREET

City
RIPLEYState
OHZip Code
45167-1114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLENRO INCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2829.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361012

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN DENEND, GARY, , ,

Mailing Address 133 NORTH 3RD STREET

City
RIPLEYState
OHZip Code
45167-1114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLENRO INCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2829.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361037

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361100

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

180.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361177

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361179

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2022

Transaction ID : SA17.361180

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

20.00

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 909 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VON BON, JOHN, , ,

Mailing Address W173N10234 WOODBRIDGE LANE

City
GERMANTOWN

State
WI

Zip Code
53022-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.65

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361255

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEBER, YVONNE, , ,

Mailing Address 13933 JAMES DRIVE

City
CRESTWOOD

State
IL

Zip Code
60418-2092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.60

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361164

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBER, YVONNE, , ,

Mailing Address 13933 JAMES DRIVE

City
CRESTWOOD

State
IL

Zip Code
60418-2092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

668.60

Date of Receipt

09 / **27** / **2022**

Transaction ID : SA17.361165

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLID, JODY, , ,

Mailing Address 13534 WEST PROSPECT DRIVE

City

SUN CITY WEST

State

AZ

Zip Code

85375-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361131

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODCOCK, WARREN, , ,

Mailing Address 8036 C.R. 313 EAST #2

City

TYLER

State

TX

Zip Code

75706-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WARREN WOODCOCK

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.361231

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City

NARBERTH

State

PA

Zip Code

19072-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360997

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTH

State
PA

Zip Code
19072-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2022

Transaction ID : SA17.360998

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZINSER, CHARLES, , ,

Mailing Address 10072 , VIA SOLANO

City
RENO

State
NV

Zip Code
89511-5395

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

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
09 / 27 / 2022

Transaction ID : SA17.361000

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADLEY, JACQUELINE, M., ,

Mailing Address P.O. BOX 214

City
KESWICK

State
VA

Zip Code
22947-0214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
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 / 28 / 2022

Transaction ID : SA17.367430

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 912 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SALAME, RYAN , DAVID, ,

Mailing Address 74 ROOD HILL RD

City
SANDSFIELD

State
MA

Zip Code
01255-9635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FTX DIGITAL MARKETS

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2005000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361323

Amount of Each Receipt this Period

2000000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALTRIA CLIENT SERVICES LLC

Mailing Address P.O. BOX 85088

City
RICHMOND

State
VA

Zip Code
23285-5088

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 ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.368654

Amount of Each Receipt this Period

500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COX OPERATING LLC

Mailing Address 1615 POYDRAS ST. SUITE 630

City
NEW ORLEANS

State
LA

Zip Code
70112-1228

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 ▼

65000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361321

Amount of Each Receipt this Period

30000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2530000.00

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 913 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARATHON OIL COMPANY

Mailing Address 990 TOWN AND COUNTRY BOULEVARD

City
HOUSTON

State
TX

Zip Code
77024-2217

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361322

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUMBLEUP, LLC

Mailing Address 2001 K STREET NW

City
WASHINGTON

State
DC

Zip Code
20006

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 ▼

22936.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.001

Amount of Each Receipt this Period

2278.52

☐ Memo Item

TEXT MESSAGING REFUND

NON-CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361324

Amount of Each Receipt this Period

1443.24

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102278.52

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 914 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABBE, ROSS, , ,

Mailing Address 2721 VICTOR ST

City
BELLINGHAM

State
WA

Zip Code
98225-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.48

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361421

Amount of Each Receipt this Period

0.26

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARNETT, LARRY, , ,

Mailing Address 407 COWBOY LANE

City
FRITCH

State
TX

Zip Code
79036-8231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.50

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361503

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEALE JR, EDWIN F, , ,

Mailing Address 10 MCGIBNEY RD APT G3

City
MOUNT VERNON

State
OH

Zip Code
43050-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

502.00

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361571

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 915 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEALE JR, EDWIN F, , ,

Mailing Address 10 MCGIBNEY RD APT G3

City
MOUNT VERNON

State
OH

Zip Code
43050-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361591

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHP

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1968.70

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361690

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.50

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361390

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 916 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361391

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361392

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEST II, VERNON, , ,

Mailing Address 839 TEN BOOM DRIVE

City
XENIA

State
OH

Zip Code
45385-7265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361393

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROOKHART, PATRICIA, , ,

Mailing Address 514 LIMERICK CIRCLE

City
LUTHERVILLE TIMONI

State
MD

Zip Code
21093-7719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361755

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUMBAUGH, PHILIP, , ,

Mailing Address 108 PHILIP DR.

City
WEST MILTON

State
OH

Zip Code
45383-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361978

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARD, ERIC, , ,

Mailing Address 10613 WEST MANZANITA DRIVE

City
SUN CITY

State
AZ

Zip Code
85373-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361617

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.85

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 918 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIRE

State
GA

Zip Code
31005-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362017

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOI, RUBY, , ,

Mailing Address POBOX 4877

City
FOSTER CITY

State
CA

Zip Code
94404-0877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361408

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELIASSEN, JAMES, , ,

Mailing Address 1205 20TH STREET SOUTH

City
VIRGINIA

State
MN

Zip Code
55792-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361640

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

47.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361890

Amount of Each Receipt this Period

1.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361891

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361893

Amount of Each Receipt this Period

0.28

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

6.08

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 920 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLOURNOY, BRIAN, , ,

Mailing Address 6003 ARDEN ST

City
SHREVEPORTState
LAZip Code
71106-2301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TYGROccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361955

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYNState
NYZip Code
11234-3812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361487

Amount of Each Receipt this Period

0.25

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361870

Amount of Each Receipt this Period

0.75

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

51.00

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 921 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUGGINO, LINDA, , ,

Mailing Address 27 PLYMOUTH AVE

City
MINEOLAState
NYZip Code
11501-3423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.361872

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, GLORIA, , ,

Mailing Address 4673 PIERSON DRIVE

City
OOLTEWAHState
TNZip Code
37363-8881FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.361359

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTONState
TXZip Code
77056-2322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.361590

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

5.35

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 922 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SUSAN, , ,

Mailing Address 5604 DOLIVER DRIVE

City
HOUSTON

State
TX

Zip Code
77056-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1402.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361596

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, LARRY, , ,

Mailing Address 401 RAMBLIN LANE

City
ROSEBURG

State
OR

Zip Code
97471-9749

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361817

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINER, JAIMEE, , ,

Mailing Address 20225 EYOTA COURT

City
APPLE VALLEY

State
CA

Zip Code
92308-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

306.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361488

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINER, JAIMEE, , ,

Mailing Address 20225 EYOTA COURT

City
APPLE VALLEY

State
CA

Zip Code
92308-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361489

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINER, JAIMEE, , ,

Mailing Address 20225 EYOTA COURT

City
APPLE VALLEY

State
CA

Zip Code
92308-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361702

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGO

State
OR

Zip Code
97034-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

489.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361845

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 924 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEHMAN, CAROL, , ,

Mailing Address 3757 TRENER DRIVE

City
PLEASANTONState
CAZip Code
94588-4115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361896

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAIFARTH, ANNA, , ,

Mailing Address 784 S CHAMBERS RD I205

City
AURORAState
COZip Code
80017-6550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361826

Amount of Each Receipt this Period

0.35

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAY, JIM, , ,

Mailing Address 1009 WESLEY DOWNS ROAD

City
MONROEState
NCZip Code
28110-8648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361641

Amount of Each Receipt this Period

0.10

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City
SAFETY HARBOR

State
FL

Zip Code
34695-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361418

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361720

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELSON, EVELYN, , ,

Mailing Address 904 SOUTH MAIN STREET

City
MILBANK

State
SD

Zip Code
57252-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NELSON LAW OFFICE

Occupation (for Individual)
LEGAL SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361384

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARTRIDGE, WILLIAM, , ,

Mailing Address 29236 MURRIETA ROAD

City
MENIFEEState
CAZip Code
92586-2871FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361648

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, RAYMOND, , ,

Mailing Address 15525 WEST CORAL POINTE DRIVE

City
SURPRISEState
AZZip Code
85374-4565FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361484

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RACCA, VENNOY, , ,

Mailing Address 2314 GREEN TEE DR.

City
PEARLANDState
TXZip Code
77581-5132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361899

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAMIREZ, JACK, , ,

Mailing Address 360 EAST LOCH LLOYD PARKWAY

City

LOCH LLOYD

State

MO

Zip Code

64012-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.361431

Amount of Each Receipt this Period

0.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARPONE, FRANK, , ,

Mailing Address 1217 SUNRISE AVENUE

City

POINT PLEASANT BOR

State

NJ

Zip Code

08742-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

910.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.361573

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHLICHTINGER, CARL, , ,

Mailing Address 97 DURANT AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10306-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF - PART TIME

Occupation (for Individual)

PSYCHOTHERAPIST

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

432.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.361400

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARTZ, STEVEN, , ,

Mailing Address 1436 S BENTLEY AVE

City
LOS ANGELES

State
CA

Zip Code
90025-3475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361749

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361683

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361684

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

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 929 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.361685

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.361686

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.361687

Amount of Each Receipt this Period

17.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361688

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361406

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362053

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWANN, REBECCA, , ,

Mailing Address 1415 OAK STREET

City
WILMINGTON

State
DE

Zip Code
19805-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
MUSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.05

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361327

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, SHAJI, , ,

Mailing Address 2526 TERRA COTTA CIRCLE

City
HERNDON

State
VA

Zip Code
20171-4698

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.50

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361615

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNEY, MATTHEW, , ,

Mailing Address 401 RED CEDAR COURT

City
NASHVILLE

State
TN

Zip Code
37214-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

502.80

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361589

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361753

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361773

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.361778

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361780

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361782

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361784

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

5.70

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 934 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEHMAN, JOAN, , ,

Mailing Address 831 HICKORY KNOB CIRCLE

City
CEDAR HILL

State
TX

Zip Code
75104-7803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361518

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361441

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, JAMES, , ,

Mailing Address 2207 RIDGEWAY ST.

City
ARDMORE

State
OK

Zip Code
73401-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2642.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.361562

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, LINDA, , ,

Mailing Address 2040 CEDAR POINT LANE

City
CUMMINGState
GAZip Code
30041-7255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORSYTH COUNTY BOEOccupation (for Individual)
TEACHER ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.361342

Amount of Each Receipt this Period

0.25

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362058

Amount of Each Receipt this Period

10842.11

☒ Memo Item
 CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ADAIR, JUDY, , ,

Mailing Address 200 S.BOSQUE, 318

City
WHITNEYState
TXZip Code
76692-2713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		28		2022

Transaction ID : SA17.362369

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25.25

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 936 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALBACH, ROBERT, , ,

Mailing Address 12791. CREEL RD

City
GRAND BAY

State
AL

Zip Code
36541-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.55

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362260

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALBACH, ROBERT, , ,

Mailing Address 12791. CREEL RD

City
GRAND BAY

State
AL

Zip Code
36541-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.55

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362264

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALBACH, ROBERT, , ,

Mailing Address 12791. CREEL RD

City
GRAND BAY

State
AL

Zip Code
36541-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

983.55

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362270

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ASENSIO, DENNIS, , ,

Mailing Address 6356 HASTINGS LANE

City
LISLE

State
IL

Zip Code
60532-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4367.15

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362280

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BACZYNSKI, JOHN, , ,

Mailing Address 16316 W. INDIANOLA AVE.

City
GOODYEAR

State
AZ

Zip Code
85395-7657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.59

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362235

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEADLE, RALPH, , ,

Mailing Address P.O. BOX 53658

City
LUBBOCK

State
TX

Zip Code
79453-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

686.60

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362171

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHP

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1968.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362108

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHP

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1968.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362278

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362314

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENAVIDES, GLORIA J, , ,

Mailing Address 146 MARLENA DR.

City
SAN ANTONIO

State
TX

Zip Code
78213-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2022

Transaction ID : SA17.362112

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BIERWIRTH III, GEORGE, , ,

Mailing Address 7116 WEST 2ND STREET

City
RIO LINDA

State
CA

Zip Code
95673-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2022

Transaction ID : SA17.362407

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLACK, JERRY, , ,

Mailing Address 6041 HAMMOND SCHOOL RD

City
SALISBURY

State
MD

Zip Code
21804-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WWK INC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2022

Transaction ID : SA17.362386

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 940 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOBEE, THOMAS. G. , ,

Mailing Address 8167 GARY AVE

City

WESTLAND

State

MI

Zip Code

48185-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

484.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362161

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADEN, ANNETTE, , ,

Mailing Address 10710 MIRASOL DRIVE. BLDG.701

City

MIROMAR LAKES

State

FL

Zip Code

33913-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

571.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362361

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BREWER, GETULIO, , ,

Mailing Address P.O. BOX 12615

City

FORT HUACHUCA

State

AZ

Zip Code

85670-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362365

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSON

State
AZ

Zip Code
85704-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362143

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARAWAY, GLENNIE, , ,

Mailing Address 3906 PENINSULA DR.

City
LAUDERDALE

State
MS

Zip Code
39335-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362293

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROLL, JERY, , ,

Mailing Address 2093E 1730 SOUTH

City
SPANISH FORK

State
UT

Zip Code
84660-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362319

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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 942 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARTER, CHRISTOPHER W, , ,

Mailing Address 103 SOUTH GALA COURT

City
BONAIRE

State
GA

Zip Code
31005-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362368

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City

HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362422

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANG, JULIA, , ,

Mailing Address 2917 JEFFREY LANE

City

MIDLAND

State
MI

Zip Code
48640-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362132

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

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 943 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORDER, JAMES, , ,

Mailing Address 201 ALLISON DRIVE

City
STEARNS

State
KY

Zip Code
42647-6361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOPE

Occupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362220

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEPARIS, FREDERIC, , ,

Mailing Address 540 HOWE ST

City
METHUEN

State
MA

Zip Code
01844-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362366

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIERLAM, MARK, , ,

Mailing Address 7737 LAKERIDGE LOOP

City
MONTGOMERY

State
AL

Zip Code
36117-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362343

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362094

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362096

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362105

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362106

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCANDUDGEON, CHERYL, , ,

Mailing Address 7822 HIDDEN OAKS LANE

City
HOUSTON

State
TX

Zip Code
77095-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362080

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCANDUDGEON, CHERYL, , ,

Mailing Address 7822 HIDDEN OAKS LANE

City
HOUSTON

State
TX

Zip Code
77095-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362081

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 946 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ECKENRODE, BENJAMIN, , ,

Mailing Address 540 FAGLEYSVILLE ROAD

City
PERKIOMENVILLEState
PAZip Code
18074-9346FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BESTWELDOccupation (for Individual)
NDT TECHNICIAN

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
09	/	28	/	2022

Transaction ID : SA17.362082

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.362215

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2022

Transaction ID : SA17.362216

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

257.00

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 947 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362217

Amount of Each Receipt this Period

34.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FANKHANEL, PAMELA, , ,

Mailing Address 12216 IRVINE AVENUE NORTHWEST

City
BEMIDJI

State
MN

Zip Code
56601-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362163

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOGARTY, JOY, , ,

Mailing Address 10209 EAST CALYPSO AVENUE

City
MESA

State
AZ

Zip Code
85208-7409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362335

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOERING, LEROY, , ,

Mailing Address 29497 THE YELLOW BRICK RD

City
VALLEY CENTER

State
CA

Zip Code
92082-7663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

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
09 / 28 / 2022

Transaction ID : SA17.362329

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362297

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362298

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362299

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362301

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362304

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362305

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362306

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362307

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 951 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362308

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362309

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362310

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 952 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362311

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362312

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODIN, BEN, , ,

Mailing Address 424 SCHUMACHER STREET

City
MARSEILLES

State
IL

Zip Code
61341-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1192.75

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362313

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINAState
NCZip Code
27526-4849FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362093

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, TIM, , ,

Mailing Address 9235 BRUMBELOW ROAD

City
ALPHARETTAState
GAZip Code
30022-5230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QEMOccupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362181

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARMON, MARY, , ,

Mailing Address 13010 CHIPSTEAD RD

City
CHESTERState
VAZip Code
23831-4663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362336

Amount of Each Receipt this Period

201.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

281.00

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 954 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.35

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362165

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City

LAKE CHARLES

State

LA

Zip Code

70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362397

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City

LAKE CHARLES

State

LA

Zip Code

70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362399

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 955 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLESState
LAZip Code
70605-3429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362400

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLESState
LAZip Code
70605-3429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362401

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLESState
LAZip Code
70605-3429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362402

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362403

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362404

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362405

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBERT, LOU, , ,

Mailing Address 4003 JANDE ST

City
LAKE CHARLES

State
LA

Zip Code
70605-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1778.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362421

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HODGSON, JANICE, , ,

Mailing Address 2920 NEWELL ROAD

City
CAMANO ISLAND

State
WA

Zip Code
98282-7089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362326

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HORN, JIMMY, , ,

Mailing Address 219 VIRGIE LN

City
WINDTHORST

State
TX

Zip Code
76389-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362339

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 958 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUBBARD, BARBARA, , ,

Mailing Address P.O. BOX 1736

City
LAS CRUCESState
NMZip Code
88004-1736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362148

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, JERRY, , ,

Mailing Address 409-42 AVE.

City
GREELEYState
COZip Code
80634-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O-IOccupation (for Individual)
MOLD TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362272

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMES, JERRY, , ,

Mailing Address 409-42 AVE.

City
GREELEYState
COZip Code
80634-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O-IOccupation (for Individual)
MOLD TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362273

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEELING, DEBORAH G, , ,

Mailing Address 133, MAJESTIC OAKS DR.

City
BOERNE

State
TX

Zip Code
78006-7956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362194

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEYS, RICHRD, , ,

Mailing Address 145 E FOUNTAIN AVE

City
CINCINNATI

State
OH

Zip Code
45246-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362169

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIRBY, JAMES, , ,

Mailing Address 501 NW SHAMROCK AVE #4013 W

City
LEES SUMMIT

State
MO

Zip Code
64081-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362070

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

535.00

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 960 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUEHNE, CARL, , ,

Mailing Address 4479 HERITAGE HEIGHTS ROAD

City
DE PERE

State
WI

Zip Code
54115-9254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CK HOLDINGS

Occupation (for Individual)
BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362191

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANDER, BENEDICT, , ,

Mailing Address 25676 MORALES

City
MISSION VIEJO

State
CA

Zip Code
92691-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362170

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LINDBERG, REGINALD, , ,

Mailing Address 260 PR 2219

City
DECATUR

State
TX

Zip Code
76234-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUPERIOR OSTRICH

Occupation (for Individual)
RANCHING OSTRICH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362274

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362100

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTRELL, LINDA, , ,

Mailing Address 216 HEATHER COURT

City
FLORENCE

State
AL

Zip Code
35630-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362107

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOVE, CARMON, , ,

Mailing Address 6825 ADVENT CIRCLE

City
TRUSSVILLE

State
AL

Zip Code
35173-2292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362173

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 962 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARCECA, TERESITA, , ,

Mailing Address 600 THREE ISLANDS BLVD

City
HALLANDALE BEACH

State
FL

Zip Code
33009-2888

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YAFFE REALTY INTERNATIONAL

Occupation (for Individual)
REALTOR ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362190

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYNARD, JACQUELYNE, , ,

Mailing Address 401 HAMMACK DRIVE

City
AUSTIN

State
TX

Zip Code
78752-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5609.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362128

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCALLISTER, TERRY, , ,

Mailing Address 2100 STRATFORD PARK DRIVE

City
FORT WORTH

State
TX

Zip Code
76103-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362179

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

75.00

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 963 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCARREY, DONNA, , ,

Mailing Address 4530 E 136TH

City
ANCHORAGE

State
AK

Zip Code
99516-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362201

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEAGHER, STACY, , ,

Mailing Address 1 OAK HOLLOW CT.

City
YUBA CITY

State
CA

Zip Code
95991-6273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362415

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENEELY, CLINTON T, , ,

Mailing Address 14500 REGENT LANE

City
BURNSVILLE

State
MN

Zip Code
55306-5556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362110

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 964 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, JUDITH, , ,

Mailing Address 8765 EVELYN WAY

City
WATERFORD

State
PA

Zip Code
16441-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362234

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362330

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OESER, PATRICIA, , ,

Mailing Address 7527 GALOWAY

City
WICHITA

State
KS

Zip Code
67212-3119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACFC

Occupation (for Individual)
RECEPTIONIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362097

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1055.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAWState
OKZip Code
73020-5906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362230

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, CHRIS, , ,

Mailing Address 31 MARK TWAIN RD

City
ASHEVILLEState
NCZip Code
28805-9725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362331

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEUGHWADE, FRED, , ,

Mailing Address 1121 BEL MARIN KEYS BLVD

City
NOVATOState
CAZip Code
94949-5306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

302.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362416

Amount of Each Receipt this Period

20.24

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

115.24

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 966 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PINYERD, MARK, , ,

Mailing Address 2409 CALIFORNIA ST SE

City
HUNTSVILLEState
ALZip Code
35801-2804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362316

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAY, STARLING S, , ,

Mailing Address 22 HICKORY RD.

City
BEAUFORTState
SCZip Code
29907-2204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362200

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RETHMEIER, DENNIS, , ,

Mailing Address 3235 F STREET

City
SAN DIEGOState
CAZip Code
92102-3315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		28		2022

Transaction ID : SA17.362176

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

165.00

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 967 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, ERROL, , ,

Mailing Address 43 RICHARD ST

City
FARMINGDALEState
NYZip Code
11735-3612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARDSCRABBLEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362149

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDERS, MARGARET, , ,

Mailing Address 2070 N FELAND

City
FRESNOState
CAZip Code
93722-5501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362084

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEITER, JOHN H, , ,

Mailing Address 335 WEST BELLEVUE DRIVE

City
PASADENAState
CAZip Code
91105-1804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1868.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362300

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

80.00

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 968 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEITER, JOHN H, , ,

Mailing Address 335 WEST BELLEVUE DRIVE

City
PASADENA

State
CA

Zip Code
91105-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1868.80

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362302

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEITER, JOHN H, , ,

Mailing Address 335 WEST BELLEVUE DRIVE

City
PASADENA

State
CA

Zip Code
91105-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1868.80

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362303

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, ARTHUR, , ,

Mailing Address 2625 ANNAPOLIS CIRCLE

City
SAN BERNARDINO

State
CA

Zip Code
92408-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362259

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 969 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362249

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362250

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362251

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGOState
CAZip Code
92107-4218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362252

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPAIN, CATHY, , ,

Mailing Address 9009 JOHNSON DRIVE

City
LA MESAState
CAZip Code
91941-5423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362229

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPANGLER, ROBIN, , ,

Mailing Address 822 TRIPLE CROWN CT

City
CLERMONTState
FLZip Code
34711-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

371.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362364

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 971 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362077

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362120

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMILE, BRUCE, , ,

Mailing Address 1455 SIERRY SPRINGS DR.

City
PRESCOTT

State
AZ

Zip Code
86305-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAMILE HEAVY TRUCK PARTS INC

Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

701.40

Date of Receipt

09 / 28 / 2022

Transaction ID : SA17.362121

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, DAVID, , ,

Mailing Address 145 WHITEHALL ROAD

City
ARAPAHOE

State
NC

Zip Code
28510-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362271

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIERNEY, MATTHEW, , ,

Mailing Address 401 RED CEDAR COURT

City
NASHVILLE

State
TN

Zip Code
37214-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.80

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362254

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNEY, MATTHEW, , ,

Mailing Address 401 RED CEDAR COURT

City
NASHVILLE

State
TN

Zip Code
37214-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

502.80

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362255

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOMASIK, LORI, , ,

Mailing Address 157 RESERVOIR ROAD

City
PARSIPPANY

State
NJ

Zip Code
07054-1379

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DANMARC

Occupation (for Individual)
ADMN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.10

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362188

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VON BON, JOHN, , ,

Mailing Address W173N10234 WOODBRIDGE LANE

City
GERMANTOWN

State
WI

Zip Code
53022-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.65

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362247

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.90

Date of Receipt

09 / **28** / **2022**

Transaction ID : SA17.362072

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 974 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362411

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITEMAN, KEITH, , ,

Mailing Address 2671 DAISY LANE

City
FALLBROOK

State
CA

Zip Code
92028-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362147

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTE

State
TX

Zip Code
77531-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

421.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2022

Transaction ID : SA17.362119

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, ADDISON, , ,

Mailing Address 1700 SUNSET BOULEVARD

City
WEST COLUMBIAState
SCZip Code
29169-5940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US CONGRESSOccupation (for Individual)
MEMBER OF CONGRESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362288

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, JEAN, , ,

Mailing Address 5644 ARAL DRIVE

City
LAKELANDState
FLZip Code
33805-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362073

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTHState
PAZip Code
19072-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362117

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

70.00

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 976 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLEState
MIZip Code
49418-2259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2022

Transaction ID : SA17.362218

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEAM, K KIM, , ,

Mailing Address 650 QUAIL RUN

City
O'FALLONState
ILZip Code
62269-3142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.377048

Amount of Each Receipt this Period

- 75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONE, DOUGLAS, , ,

Mailing Address 13385 ROBLED A ROAD

City
LOS ALTOS HILLSState
CAZip Code
94022-3490FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEQUOIA CAPITALOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

158700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362424

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

49935.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 977 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEONE, PATRICIA , PERKINS, ,

Mailing Address 13385 ROBLEDA ROAD

City
LOS ALTOS HILLSState
CAZip Code
94022-3490FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOMEMAKEROccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

158700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.362425**

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERSMailing Address 1800 M STREET NW
SUITE 900City
WASHINGTONState
DCZip Code
20036-5802FEC 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 ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.362423**

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.362426**

Amount of Each Receipt this Period

1391.67

☒ Memo Item
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►

150000.00

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 978 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City
CLAYTONState
NCZip Code
27520-9737FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362901

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITYState
TXZip Code
77459-1514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362629

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITYState
TXZip Code
77459-1514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362789

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 OF 1421
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362790

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362791

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSON

State
AZ

Zip Code
85704-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362588

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUCE, LLOYD, , ,

Mailing Address 7021 NORTH EDGEWOOD PLACE

City
TUCSON

State
AZ

Zip Code
85704-6924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362981

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAREY, ILDIKO, , ,

Mailing Address 135 JAMES DRIVE

City

SAYLORSBURG

State

PA

Zip Code

18353-7773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362849

Amount of Each Receipt this Period

0.80

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAREY, ILDIKO, , ,

Mailing Address 135 JAMES DRIVE

City

SAYLORSBURG

State

PA

Zip Code

18353-7773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.47

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362852

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 981 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSON, JOSEPH, , ,

Mailing Address 345 HUBBARD LANE

City
CRETE

State
IL

Zip Code
60417-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.80

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362494

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASSON, JOSEPH, , ,

Mailing Address 345 HUBBARD LANE

City
CRETE

State
IL

Zip Code
60417-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.80

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363072

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362435

Amount of Each Receipt this Period

0.10

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CIACCIO, JANE, , ,

Mailing Address 5491 BEECHMONT AVENUE. APT 506

City
CINCINNATI

State
OH

Zip Code
45230-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362631

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVE, , ,

Mailing Address 8673 WEST FAWN BROOK STREET

City
BOISE

State
ID

Zip Code
83714-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6341.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362608

Amount of Each Receipt this Period

1.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

569.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362974

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 983 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOS SANTOS, MARGARET, , ,

Mailing Address 10 FRANKLIN AVENUE

City
MAPLEWOOD

State
NJ

Zip Code
07040-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TEANECK COMMUNITY CHARTER SCHOOL

Occupation (for Individual)

INSTRUCTIONAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.70

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363048

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLIOTT, JODI, , ,

Mailing Address P.O.BOX 756

City
ORLAND

State
CA

Zip Code
95963-0756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.90

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362441

Amount of Each Receipt this Period

0.20

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.45

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363075

Amount of Each Receipt this Period

0.02

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUERRERO, ESTRELLA, , ,

Mailing Address 3404 LAKE PARK AVENUE

City
FALLBROOKState
CAZip Code
92028-7852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	9		2	0	2	2		

Transaction ID : SA17.362648

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, SHARON, , ,

Mailing Address 9 CLARK ROAD

City
LITCHFIELDState
CTZip Code
06759-2809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	9		2	0	2	2		

Transaction ID : SA17.362848

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONTState
ILZip Code
61568-8560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	9		2	0	2	2		

Transaction ID : SA17.362516

Amount of Each Receipt this Period

0.22

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 985 OF 1421
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARKINS, DAVID, , ,

Mailing Address 609 S. WEST STREET

City
TREMONTState
ILZip Code
61568-8560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362971

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, BRUCE, , ,

Mailing Address 126 ANDOVER LN

City
HUNTSVILLEState
ALZip Code
35811-8630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363004

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEARTQUIST, PAUL, , ,

Mailing Address 6732 SOUTH PEBBLE BEACH DRIVE

City
CHANDLERState
AZZip Code
85249-4348FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362518

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 986 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, WARREN, , ,

Mailing Address 7684 CHANTELLE LANE

City
ROSCOE

State
IL

Zip Code
61073-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

09 / **29** / **2022**

Transaction ID : SA17.362630

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINGSBURY, JOHN, , ,

Mailing Address 23303 W BOCANA ST.

City
MALIBU

State
CA

Zip Code
90265-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.60

Date of Receipt

09 / **29** / **2022**

Transaction ID : SA17.363127

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHELL, GLENN, , ,

Mailing Address 6301 JACK RABBIT JCT

City
FARMINGTON

State
NM

Zip Code
87402-8797

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
(MTC) MED TRANS

Occupation (for Individual)
HELICOPTER AIR AMBULANCE PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

413.70

Date of Receipt

09 / **29** / **2022**

Transaction ID : SA17.362954

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.65

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 987 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHELL, GLENN, , ,

Mailing Address 6301 JACK RABBIT JCT

City
FARMINGTON

State
NM

Zip Code
87402-8797

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
(MTC) MED TRANS

Occupation (for Individual)
HELICOPTER AIR AMBULANCE PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.70

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362956

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANDSAW, RUTH W., , ,

Mailing Address 14481 DAWN HILL ROAD

City
SILOAM SPRINGS

State
AR

Zip Code
72761-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362715

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDSAW, RUTH W., , ,

Mailing Address 14481 DAWN HILL ROAD

City
SILOAM SPRINGS

State
AR

Zip Code
72761-8249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362717

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYNN, LARRY, , ,

Mailing Address 7415 SW EAST LAKE COURT

City
WILSONVILLE

State
OR

Zip Code
97070-8457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.85

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362434

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCBRIDE, HERMAN, , ,

Mailing Address 309 SOUTH FORK

City
JACKSON CENTER

State
OH

Zip Code
45334-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHELBY

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5353.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363121

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCBRIDE, HERMAN, , ,

Mailing Address 309 SOUTH FORK

City
JACKSON CENTER

State
OH

Zip Code
45334-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHELBY

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5353.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363122

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.35

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 989 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCBRIDE, HERMAN, , ,

Mailing Address 309 SOUTH FORK

City

JACKSON CENTER

State

OH

Zip Code

45334-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SHELBY

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5353.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363123

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCBRIDE, HERMAN, , ,

Mailing Address 309 SOUTH FORK

City

JACKSON CENTER

State

OH

Zip Code

45334-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SHELBY

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5353.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363124

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCBRIDE, HERMAN, , ,

Mailing Address 309 SOUTH FORK

City

JACKSON CENTER

State

OH

Zip Code

45334-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SHELBY

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5353.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363125

Amount of Each Receipt this Period

2.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

67.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2022

Transaction ID : SA17.362623

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2022

Transaction ID : SA17.362626

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILAM, IRENE, , ,

Mailing Address P.O.BOX 1634

City
CYPRESS

State
TX

Zip Code
77410-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2022

Transaction ID : SA17.362628

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.70

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 991 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIMMS, JOY, , ,

Mailing Address 8303 NORFOLK DR.

City
AMARILLO

State
TX

Zip Code
79119-6442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.15

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362931

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIMMS, JOY, , ,

Mailing Address 8303 NORFOLK DR.

City
AMARILLO

State
TX

Zip Code
79119-6442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.15

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362932

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIMMS, JOY, , ,

Mailing Address 8303 NORFOLK DR.

City
AMARILLO

State
TX

Zip Code
79119-6442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

516.15

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362934

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTON

State
TX

Zip Code
77056-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362792

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORAN, FRANK, , ,

Mailing Address P.O. BOX 4848

City
SHREVEPORT

State
LA

Zip Code
71134-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362569

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUMFORD, PEGGY, , ,

Mailing Address 10402 GOLF COURSE RD

City
OCEAN CITY

State
MD

Zip Code
21842-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

827.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362868

Amount of Each Receipt this Period

0.45

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAUGLE, MARVIN, , ,

Mailing Address 737 BRANDON CIR

City
LEBANON

State
MO

Zip Code
65536-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362445

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERS, KELLY, , ,

Mailing Address 13341 CHESAPEAKE PL 13341 CHESAPEA

City
CARROLLTON

State
VA

Zip Code
23314-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUNTINGTON INGALLS INDUSTRIES

Occupation (for Individual)
FINANCE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362669

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLE

State
WA

Zip Code
98077-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIES

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

736.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.362966

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 994 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHLEIFFARTH, KAREN, , ,

Mailing Address 1232 DUTCH FIELDS PARKWAY

City
MIDWAYState
UTZip Code
84049-6931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362586

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHLEIFFARTH, KAREN, , ,

Mailing Address 1232 DUTCH FIELDS PARKWAY

City
MIDWAYState
UTZip Code
84049-6931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362587

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHLEIFFARTH, KAREN, , ,

Mailing Address 1232 DUTCH FIELDS PARKWAY

City
MIDWAYState
UTZip Code
84049-6931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362590

Amount of Each Receipt this Period

0.20

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

10.20

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 995 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362876

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362878

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362879

Amount of Each Receipt this Period

3.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 996 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362881

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362882

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362890

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362892

Amount of Each Receipt this Period

3.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362894

Amount of Each Receipt this Period

5.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITYState
SDZip Code
57702-8509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362896

Amount of Each Receipt this Period

4.50

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

12.50

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 998 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362897

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362898

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363040

Amount of Each Receipt this Period

1.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363041

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSCHETTER, NANCY E, , ,

Mailing Address 22907 FLUME LANE

City
RAPID CITY

State
SD

Zip Code
57702-8509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.51

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363042

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAIL, DENNIS, , ,

Mailing Address 6508 REGENCY DRIVE

City
CLEVELAND

State
OH

Zip Code
44129-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362748

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.55

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1000 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.362758

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VASQUEZ, RANDOLPH, , ,

Mailing Address 1010 KEENE DRIVE

City
LA HABRAState
CAZip Code
90631-7150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.362817

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAKState
AKZip Code
99567-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.362690

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

0.45

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 1001 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAKState
AKZip Code
99567-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363128

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIREState
MIZip Code
49615-9378FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.362549

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIREState
MIZip Code
49615-9378FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363084

Amount of Each Receipt this Period

0.13

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1002 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTH

State
PA

Zip Code
19072-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.362503

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363144

Amount of Each Receipt this Period

15395.29

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, CHRIS, , ,

Mailing Address 116 PARK AVE

City
CUMBERLAND

State
MD

Zip Code
21502-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

422.45

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363272

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1003 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDRIKIDES, CAROL, , ,

Mailing Address 19450 PIERSON DRIVE

City
NORTHVILLE

State
MI

Zip Code
48167-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363440

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDRIKIDES, CAROL, , ,

Mailing Address 19450 PIERSON DRIVE

City
NORTHVILLE

State
MI

Zip Code
48167-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363459

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. APARICIO, MIRIAM, , ,

Mailing Address 6 SONORA AVENUE

City
SOUTH SAN FRANCISCO

State
CA

Zip Code
94080-5941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ATT

Occupation (for Individual)
CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.85

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363175

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1004 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ATWELL, DARRYL, , ,

Mailing Address 218 STABLE WAY

City
NICHOLASVILLE

State
KY

Zip Code
40356-8046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 29 / 2022

Transaction ID : SA17.363509

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARBER, DANIEL, , ,

Mailing Address 259 SANTA BARBARA

City
PALM DESERT

State
CA

Zip Code
92260-2155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 29 / 2022

Transaction ID : SA17.363415

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 29 / 2022

Transaction ID : SA17.363253

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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 1005 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363282

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363327

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLODGETT, DONNA, , ,

Mailing Address 1450 SUNFLOWER LANE

City
FERNLEY

State
NV

Zip Code
89408-9237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363501

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1006 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BODMER, JOHN, , ,

Mailing Address 12736 SOMERDOWNS COURT

City
DRAPER

State
UT

Zip Code
84020-8501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363486

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADEN, TERRY, , ,

Mailing Address 1313 LELAND DRIVE

City

SUN CITY CENTER

State
FL

Zip Code
33573-6376

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363463

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City

CONCORD

State
NH

Zip Code
03301-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

277.45

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363193

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City
CONCORDState
NHZip Code
03301-2731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363476

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City
CONCORDState
NHZip Code
03301-2731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363477

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City
CONCORDState
NHZip Code
03301-2731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

277.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363478

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

30.00

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 1008 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City
CONCORDState
NHZip Code
03301-2731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363479

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAPOZZI, MARYELLEN, , ,

Mailing Address 264 BARN HILL ROAD

City
MONROEState
CTZip Code
06468-2015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363232

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COHEN, BRADLEY, , ,

Mailing Address 1120 HOLLY AVENUE

City
COTTAGE GROVEState
ORZip Code
97424-1319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COTTAGE GROVE CHEVROLETOccupation (for Individual)
NEW VEHICLE AUTO DEALER

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
09		29		2022

Transaction ID : SA17.363157

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1009 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COURSON, CARL, , ,

Mailing Address 900 N E 3RD STREET

City
BELLE GLADE

State
FL

Zip Code
33430-2042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BIG LAKE SNACK SALES, INC

Occupation (for Individual)
V PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363370

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COURTNEY, RONALD, , ,

Mailing Address 2141 DOVER CT

City
WALNUT CREEK

State
CA

Zip Code
94598-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

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
09		29		2022

Transaction ID : SA17.363315

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. D'AMICO, FRANCES, , ,

Mailing Address 642 NATOMA STREET

City
SAN FRANCISCO

State
CA

Zip Code
94103-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363542

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

135.00

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 1010 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DACORTE, TRINIDAD, , ,

Mailing Address 3231 ROCK CREEK RUN

City
SAN ANTONIOState
TXZip Code
78230-3835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTH CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363194

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIELLE, JOSEPH, , ,

Mailing Address 11866 KESWICK

City
WEST PALM BEACHState
FLZip Code
33412-1608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363362

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVENPORT, PAUL, , ,

Mailing Address 124 ALDERSGATE DR.

City
JACKSONVILLEState
NCZip Code
28546-5847FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363358

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

145.00

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 1011 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIERLAM, MARK, , ,

Mailing Address 7737 LAKERIDGE LOOP

City
MONTGOMERY

State
AL

Zip Code
36117-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1880.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363195

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DILEONARDO, ELLA, , ,

Mailing Address 8278 SE ANGELINA COURT

City
HOBE SOUND

State
FL

Zip Code
33455-8946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363298

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363508

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1012 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTONState
ORZip Code
97381-9212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363510

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLANDState
SCZip Code
29585-8220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363184

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLANDState
SCZip Code
29585-8220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363186

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

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 1013 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363207

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363435

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City
PAWLEYS ISLAND

State
SC

Zip Code
29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363437

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

120.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1014 OF 1421

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, CHARLES, , ,

Mailing Address 202 PRESERVATION CIRCLE

City

PAWLEYS ISLAND

State

SC

Zip Code

29585-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

897.55

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.363438**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAUCETT, EVE, , ,

Mailing Address 3410 CAMINITO DANIELLA

City

DEL MAR

State

CA

Zip Code

92014-4112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UN BACIO

Occupation (for Individual)

MEN AND WOMANS CLOTHING

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.363423**

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLYNN, DAN JOAN, , ,

Mailing Address 17421 N FLICKER AV

City

NAMPA

State

ID

Zip Code

83687-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.363378**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANCE, SHERROD, , ,

Mailing Address P.O. BOX 607, 1619 PARK DR.

City
RAWLINSState
WYZip Code
82301-0607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

Transaction ID : SA17.363498

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

Transaction ID : SA17.363433

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAWLER, GRACIE, , ,

Mailing Address 4807 SMOKEY CT

City
FREDERICKState
MDZip Code
21702-3526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.35

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

Transaction ID : SA17.363222

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

152.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1016 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESECKE, RICHARD, , ,

Mailing Address 1807 HWY281 STE 4

City
MARBLE FALLS

State
TX

Zip Code
78654-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363517

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINA

State
NC

Zip Code
27526-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363183

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, RONALD, , ,

Mailing Address N12285 TAYLOR LAKE ROAD

City
MINONG

State
WI

Zip Code
54859-9119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363434

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1017 OF 1421

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROSENHEIDER, DAVID, , ,

Mailing Address 2000 NE 101ST CT

City
KANSAS CITYState
MOZip Code
64155-3246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL BEEF PACKING CO., LLCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.363334**

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROSENHEIDER, DAVID, , ,

Mailing Address 2000 NE 101ST CT

City
KANSAS CITYState
MOZip Code
64155-3246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL BEEF PACKING CO., LLCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.363335**

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, JENNY, , ,

Mailing Address 414 PELHAM RD

City
FORT WALTON BEACHState
FLZip Code
32547-3680FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022**Transaction ID : SA17.363311**

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1018 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARKINS, DAVID, , ,

Mailing Address 409 S. WEST STREET

City
TREMONT

State
IL

Zip Code
61568-8012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1984.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363376

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARK

State
TX

Zip Code
77536-4777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363203

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELMS, BONNIE, , ,

Mailing Address POB 124

City
SAINT JOHNS

State
AZ

Zip Code
85936-0124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363496

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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 1019 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HETNER, WILLIAM, , ,

Mailing Address 4047 THOUSAND OAKS DRIVE

City
ARGYLEState
TXZip Code
76226-6784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363286

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIRSCH, MARILYN, , ,

Mailing Address 15485 MAIDEN LAKE ROAD

City
MOUNTAINState
WIZip Code
54149-9440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363341

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIRSCH, MARILYN, , ,

Mailing Address 15485 MAIDEN LAKE ROAD

City
MOUNTAINState
WIZip Code
54149-9440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363342

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

45.00

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 1020 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, JOHN, , ,

Mailing Address 874 W. GRAND AVE

City
GROVER BEACHState
CAZip Code
93433-2134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363466

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOWARD, MARILYN, , ,

Mailing Address 36359 SOUTH WIND CREST DRIVE

City
TUCSONState
AZZip Code
85739-1698FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363556

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUI, MARGARET, , ,

Mailing Address 14-63 154 STREET

City
WHITESTONEState
NYZip Code
11357-2629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363383

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

65.00

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 1021 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. IVES, HOWARD, , ,

Mailing Address 4601 E DESERT COVE AVE

City
PHOENIX

State
AZ

Zip Code
85028-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / **29** / **2022**

Transaction ID : SA17.363467

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGO

State
OR

Zip Code
97034-6153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.16

Date of Receipt

09 / **29** / **2022**

Transaction ID : SA17.363460

Amount of Each Receipt this Period

27.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANKFORD, KEITH, , ,

Mailing Address 5309 REVERE ROAD

City
DURHAM

State
NC

Zip Code
27713-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAKECOUNTY

Occupation (for Individual)
PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / **29** / **2022**

Transaction ID : SA17.363197

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEAS II, WARREN, , ,

Mailing Address 449 PLEASANT HILL RD

City
WRIGHTSVILLEState
PAZip Code
17368-9055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363548

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEONARD, ANNE, , ,

Mailing Address 13202 HUNTERS SPRING

City
SAN ANTONIOState
TXZip Code
78230-2862FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AHAOccupation (for Individual)
SMA

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
09	/	29	/	2022

Transaction ID : SA17.363198

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONARD, LUANNE, , ,

Mailing Address 36560 SAGUARO COURT

City
RANCHO MIRAGEState
CAZip Code
92270-2332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363190

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

295.00

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 1023 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LINDEMANN, ROSEMARY, , ,

Mailing Address 815 RED STABLE WAY

City
OAK BROOK

State
IL

Zip Code
60523-2670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363316

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUPPINO, VITO, , ,

Mailing Address 324 , VIZCAYA DR.

City
PALM BEACH GARDENS

State
FL

Zip Code
33418-1731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAL FLOORS INC

Occupation (for Individual)
PRES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363472

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUSTIK, THOMAS, , ,

Mailing Address 51680 JAMES LAWRENCE PKWY

City
GRANGER

State
IN

Zip Code
46530-5630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

591.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363382

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1060.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1024 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEANState
VAZip Code
22101-0914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363214

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEANState
VAZip Code
22101-0914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363366

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATHER, FLOYD, , ,

Mailing Address 2220 NORTHWEST 46TH STREET

City
GAINESVILLEState
FLZip Code
32605-5703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363353

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1025 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEROLA, KAREN, , ,

Mailing Address 8615 MARIA COURT

City
HOWELLState
MIZip Code
48855-6301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STC INTERNATIONALOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363441

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, CHARLES, , ,

Mailing Address 19440 HARBOR LIGHT BLVD

City
CORNELIUSState
NCZip Code
28031-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KONTEKOccupation (for Individual)
EXECUTIVE

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
09		29		2022

Transaction ID : SA17.363313

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORTON, HUGH, , ,

Mailing Address 626 SAPLIN BRANCH RD

City
TIMBERLAKEState
NCZip Code
27583-9027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DH APPLIANCEOccupation (for Individual)
REPAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363290

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

170.00

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 1026 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORTON, HUGH, , ,

Mailing Address 626 SAPLIN BRANCH RD

City

TIMBERLAKE

State

NC

Zip Code

27583-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DH APPLIANCE

Occupation (for Individual)

REPAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363292

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURRAY, RICHARD, , ,

Mailing Address 648 EAST STARK DRIVE

City

PALATINE

State

IL

Zip Code

60074-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363502

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUSMECI, NICHOLAS, , ,

Mailing Address 102 DOGWOOD DR.

City

LULING

State

LA

Zip Code

70070-3231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ENTERGY SERVICES, INC

Occupation (for Individual)

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363444

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1027 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTHState
TXZip Code
76109-4852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORPOccupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363246

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTHState
TXZip Code
76109-4852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORPOccupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363247

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTHState
TXZip Code
76109-4852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORPOccupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363249

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1028 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363250

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363270

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWELL, KENNETH, , ,

Mailing Address 5101 CLIFFROSE LANE

City
FORT WORTH

State
TX

Zip Code
76109-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FW ACQUISITION CORP

Occupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1715.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363271

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

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 1029 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363305

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORTHROP, RON, , ,

Mailing Address 2370 BATTERING ROCK RD

City
TEMPLETON

State
CA

Zip Code
93465-8370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363255

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363243

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1030 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAWState
OKZip Code
73020-5906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363302

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAWState
OKZip Code
73020-5906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363303

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERRIN, ANNE, , ,

Mailing Address 49748 COUNTY RD. B

City
CENTERState
COZip Code
81125-9701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363537

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

70.00

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 1031 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PLATT, MICHAEL, , ,

Mailing Address 30 BLACK ROCK CT

City
OXFORDState
GAZip Code
30054-2646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363164

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLUMMER, ROY, , ,

Mailing Address 1850 SAWNEE MEADOW LN.

City
CUMMINGState
GAZip Code
30040-4496FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		29		2022

Transaction ID : SA17.363447

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363336

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

650.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1032 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSONState
KSZip Code
67460-3606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363209

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RALL, SANDRA, , ,

Mailing Address 1309 MALLARD DR

City
MCPHERSONState
KSZip Code
67460-3606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363372

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBERTS, GARY, , ,

Mailing Address 6206 APPIAN WAY

City
RIVERSIDEState
CAZip Code
92506-4555FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

402.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363364

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

145.00

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 1033 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROHR, ROGER, , ,

Mailing Address 6940 ROCHESTER ROAD

City
EAST ROCHESTER

State
OH

Zip Code
44625-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363359

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROOD, JOHN, , ,

Mailing Address 2306 STATELY OAK STREET

City
KINGWOOD

State
TX

Zip Code
77345-1898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPA

Occupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363449

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROOD, JOHN, , ,

Mailing Address 2306 STATELY OAK STREET

City
KINGWOOD

State
TX

Zip Code
77345-1898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPA

Occupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363450

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1034 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROOD, JOHN, , ,

Mailing Address 2306 STATELY OAK STREET

City
KINGWOODState
TXZip Code
77345-1898FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPAOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363451

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROOD, JOHN, , ,

Mailing Address 2306 STATELY OAK STREET

City
KINGWOODState
TXZip Code
77345-1898FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPAOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363452

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROOD, JOHN, , ,

Mailing Address 2306 STATELY OAK STREET

City
KINGWOODState
TXZip Code
77345-1898FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPAOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363453

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

550.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1035 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **ROOD, JOHN, , ,**

Mailing Address 2306 STATELY OAK STREET

City
KINGWOOD

State
TX

Zip Code
77345-1898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHN W. ROOD CPA

Occupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7101.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363454

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **SANDERSON, GALE, , ,**

Mailing Address 1113 LUCILLE CT.

City
RIDGECREST

State
CA

Zip Code
93555-5901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363147

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **SANTOSUOSSO, JOSEPH, , ,**

Mailing Address 13615 209TH AVE NE

City
WOODINVILLE

State
WA

Zip Code
98077-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIES

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

736.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363215

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1036 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, MICHAEL, , ,

Mailing Address P.O. BOX 1863

City
BASALTState
COZip Code
81621-1863FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CABINETS WEST, LLCOccupation (for Individual)
SALES/ DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	D D	Y Y Y Y
09	29	2022

Transaction ID : SA17.363369

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMMS, BETTY, , ,

Mailing Address 18372 CONSTITUTION HIGHWAY

City
ORANGEState
VAZip Code
22960-4408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.60

Date of Receipt

M M	D D	Y Y Y Y
09	29	2022

Transaction ID : SA17.363389

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMMS, BETTY, , ,

Mailing Address 18372 CONSTITUTION HIGHWAY

City
ORANGEState
VAZip Code
22960-4408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.60

Date of Receipt

M M	D D	Y Y Y Y
09	29	2022

Transaction ID : SA17.363475

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKEWES, ANNE, , ,

Mailing Address 14409 ISLEVIEW DR.

City

WINTER GARDEN

State

FL

Zip Code

34787-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363519

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, RANDY, , ,

Mailing Address 1305 WEST SHAW

City

CARLSBAD

State

NM

Zip Code

88220-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363319

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City

SAN DIEGO

State

CA

Zip Code

92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363426

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

325.00

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 1038 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363428

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363429

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFELD, MARGO A, , ,

Mailing Address 4454 CASITAS STREET

City
SAN DIEGO

State
CA

Zip Code
92107-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5940.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363430

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. STROUP, JUDIE, , ,

Mailing Address 858 GRAND HARBOUR W

City
MIRAMAR BEACH

State
FL

Zip Code
32550-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363534

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, DAVID, , ,

Mailing Address 145 WHITEHALL ROAD

City
ARAPAHOE

State
NC

Zip Code
28510-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363237

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNEY, MATTHEW, , ,

Mailing Address 401 RED CEDAR COURT

City
NASHVILLE

State
TN

Zip Code
37214-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

502.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363280

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1040 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TINKER, BRUCE, , ,

Mailing Address 1155 MARKS COURT

City
DINUBAState
CAZip Code
93618-3172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363213

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOOLEY, CHARLES, , ,

Mailing Address 2201 E 700 S

City
BERNEState
INZip Code
46711-9261FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363412

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VIALONGA, KATHERINE, , ,

Mailing Address 20 BLANCH AVE. APT 107

City
HARRINGTON PARKState
NJZip Code
07640-1075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2022

Transaction ID : SA17.363156

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

205.00

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 1041 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOSS, ROBERT, , ,

Mailing Address 513 CAPROCK CANYON TRAIL

City
GEORGETOWN

State
TX

Zip Code
78633-5476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363363

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATSON, KRIS, , ,

Mailing Address 488 W CALLE CAJETA

City
SAHUARITA

State
AZ

Zip Code
85629-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA HOSPITAL

Occupation (for Individual)
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363462

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEAVER, COLLEEN, , ,

Mailing Address P.O. BOX 563

City
SALEM

State
UT

Zip Code
84653-0563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363239

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1042 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEAVER, COLLEEN, , ,

Mailing Address P.O. BOX 563

City
SALEM

State
UT

Zip Code
84653-0563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.50

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363240

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHEELER, ESTHER, , ,

Mailing Address 2160 PLAZA DEL AMO

City
TORRANCE

State
CA

Zip Code
90501-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363235

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITAKER, CINDY, , ,

Mailing Address 3628 COUNTY ROAD 2208

City
GREENVILLE

State
TX

Zip Code
75402-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.19

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363299

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1043 OF 1421

(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)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITBEY, CYNTHIA, , ,

Mailing Address 6753 SR. 333

City
LONDON

State
AR

Zip Code
72847-8534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363212

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, JERRY, , ,

Mailing Address 1920 SO 1ST ST

City
MINNEAPOLIS

State
MN

Zip Code
55454-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF MINNEAPOLIS

Occupation (for Individual)
FIREFIGHTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363238

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLINGS, WILLIAM, , ,

Mailing Address 90097 SPIRES LANE EUGENE

City
EUGENE

State
OR

Zip Code
97402-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2022

Transaction ID : SA17.363560

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1044 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, JEAN, , ,

Mailing Address 5644 ARAL DRIVE

City
LAKELANDState
FLZip Code
33805-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363465

Amount of Each Receipt this Period

13.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, MARILYN R, , ,

Mailing Address P.O. BOX 235

City
HAINESState
AKZip Code
99827-0235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363162

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINKLEBLACK, SUE, , ,

Mailing Address 509 SAINT FRANCIS ROAD

City
EUFAULAState
ALZip Code
36027-9524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363160

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

88.00

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 1045 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WONG, RONALD, , ,

Mailing Address 355 CAMPUS DRIVE

City
HANFORDState
CAZip Code
93230-4310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363192

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODWARD, ALBERT, , ,

Mailing Address 26 NSRBROOK PSRK

City
NARBERTHState
PAZip Code
19072-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363405

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2022

Transaction ID : SA17.363312

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1046 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / 29 / 2022

Transaction ID : SA17.363265

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIFFIN, KENNETH, C., MR.,

Mailing Address 131 S DEARBORN ST

City
CHICAGO

State
IL

Zip Code
60603-5517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITADEL ASSET MANAGEMENT

Occupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14000000.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363568

Amount of Each Receipt this Period

6500000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA. AVE

City
TARPON SPRINGS

State
FL

Zip Code
34689-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.30

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.377186

Amount of Each Receipt this Period

- 0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500009.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1047 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNCOLA, BRENDA, , ,

Mailing Address 1006 PENINSULA AVE

City
TARPON SPRINGSState
FLZip Code
34689-2126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.377187

Amount of Each Receipt this Period

- 0.15

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT; CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINGER, PAUL, E., ,

Mailing Address 292 NEWBURY STREET
BOX 150 BOX 150City
BOSTONState
MAZip Code
02115-2801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3505000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363567

Amount of Each Receipt this Period

1500000.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN ACTION NETWORK

Mailing Address 1747 PENNSYLVANIA AVE, NW
5TH FLOORCity
WASHINGTONState
DCZip Code
20006-4604FEC 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 ▼

35685347.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.369368

Amount of Each Receipt this Period

16635.16

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1516635.01

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 1048 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN ACTION NETWORK

Mailing Address 1747 PENNSYLVANIA AVE, NW
5TH FLOOR

City
WASHINGTON

State
DC

Zip Code
20006-4604

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 ▼

35685347.36

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.370288

Amount of Each Receipt this Period

9000000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN PETROLEUM INSTITUTE

Mailing Address 200 MASSACHUSETTS AVE NW
SUITE 1100

City
WASHINGTON

State
DC

Zip Code
20001-1429

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 ▼

3000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363565

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. D'ANNUNZIO & SONS, INC.

Mailing Address 3730 PARK AVENUE

City
SOUTH PLAINFIELD

State
NJ

Zip Code
07080-5102

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 ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.367431

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10010000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1049 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. INTERNATIONAL FRANCHISE ASSOCIATION

Mailing Address 1501 K ST NW
SUITE 350

City
WASHINGTON

State
DC

Zip Code
20005-1412

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363569

Amount of Each Receipt this Period

100000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOCH INDUSTRIES, INC.

Mailing Address 4111 EAST 37TH ST NORTH

City
WICHITA

State
KS

Zip Code
67220-3203

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 ▼

1750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363566

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363598

Amount of Each Receipt this Period

2030.96

☒ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

350000.00

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 1050 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABBE, ROSS, , ,

Mailing Address 2721 VICTOR ST

City
BELLINGHAM

State
WA

Zip Code
98225-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.48

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363692

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ABBE, ROSS, , ,

Mailing Address 2721 VICTOR ST

City
BELLINGHAM

State
WA

Zip Code
98225-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.48

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363693

Amount of Each Receipt this Period

26.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABBE, ROSS, , ,

Mailing Address 2721 VICTOR ST

City
BELLINGHAM

State
WA

Zip Code
98225-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

960.48

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363694

Amount of Each Receipt this Period

0.51

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1051 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABBE, ROSS, , ,

Mailing Address 2721 VICTOR ST

City
BELLINGHAMState
WAZip Code
98225-2247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.48

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.363696

Amount of Each Receipt this Period

0.51

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALLAN, LARRY, , ,

Mailing Address P.O. BOX 150671

City
GRAND RAPIDSState
MIZip Code
49515-0671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.69

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364290

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.363621

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1052 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363622

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363624

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTONState
COZip Code
80621-9309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363625

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

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 1053 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363626

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANGERT, MARILYN, , ,

Mailing Address 8713 US HWY 85

City
FORT LUPTON

State
CO

Zip Code
80621-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363627

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARTON, BONITA, , ,

Mailing Address 2209 NORTH OWENS ROAD

City
PLEASANT HILL

State
OH

Zip Code
45359-8738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364159

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1054 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUMBAUGH, PHILIP, , ,

Mailing Address 108 PHILIP DR.

City
WEST MILTON

State
OH

Zip Code
45383-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2276.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363635

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364342

Amount of Each Receipt this Period

6.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BULLOCK, MICHAEL, , ,

Mailing Address 1030 HORSESHOE FALLS

City
LEBANON

State
OH

Zip Code
45036-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

409.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364343

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

6.85

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 1055 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASEMENT, SANDRA, , ,

Mailing Address 28356 ALAVA

City
MISSION VIEJO

State
CA

Zip Code
92692-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364353

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364436

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JOAN, , ,

Mailing Address 16299 CANELONES DRIVE

City
HACIENDA HEIGHTS

State
CA

Zip Code
91745-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364437

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

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 1056 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNOLLY, THOMAS D, , ,

Mailing Address 203 CALABAY PARC BLVD

City
DAVENPORT

State
FL

Zip Code
33897-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.65

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364417

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONNOLLY, THOMAS D, , ,

Mailing Address 203 CALABAY PARC BLVD

City
DAVENPORT

State
FL

Zip Code
33897-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.65

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364418

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNOLLY, THOMAS D, , ,

Mailing Address 203 CALABAY PARC BLVD

City
DAVENPORT

State
FL

Zip Code
33897-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.65

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364419

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1057 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNOLLY, THOMAS D, , ,

Mailing Address 203 CALABAY PARC BLVD

City
DAVENPORTState
FLZip Code
33897-9518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364420

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORY, JAY, , ,

Mailing Address 435 WILLOW VISTA DRIVE

City
EL LAGOState
TXZip Code
77586-6019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364388

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROSSLEY, ANGELA, , ,

Mailing Address 118 CLARK CIRCLE

City
KOSCIUSKOState
MSZip Code
39090-3962FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363957

Amount of Each Receipt this Period

65.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

66.05

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 1058 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROSSLEY, ANGELA, , ,

Mailing Address 118 CLARK CIRCLE

City
KOSCIUSKO

State
MS

Zip Code
39090-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363959

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DESTEFANO, JUDY, , ,

Mailing Address 13280 MARSH LANDING

City
WEST PALM BEACH

State
FL

Zip Code
33418-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.50

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364389

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIER, ROBERT, , ,

Mailing Address 82 AVENIDA CRISTAL

City
SAN CLEMENTE

State
CA

Zip Code
92673-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

569.76

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364273

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

251.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1059 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364207

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364208

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTON

State
OR

Zip Code
97381-9212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364211

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1060 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTONState
ORZip Code
97381-9212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364213

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUERST, JOHN, , ,

Mailing Address 13512 DOERFLER ROAD SOUTHEAST

City
SILVERTONState
ORZip Code
97381-9212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364215

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOODState
WVZip Code
26164-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.95

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364090

Amount of Each Receipt this Period

2.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

3.50

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 1061 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOOD

State
WV

Zip Code
26164-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364091

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DZIERZANSKI, SHERRY, , ,

Mailing Address 1245 PARK AVE

City
RAVENSWOOD

State
WV

Zip Code
26164-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.95

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364092

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERRARA, KATHY, , ,

Mailing Address 161 SPRING GLEN

City
SHELTON

State
CT

Zip Code
06484-3886

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECHN

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.25

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363977

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1062 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINKELSTEIN, SARAH, , ,

Mailing Address 21 GEORGE STREET

City
CHARLESTON

State
SC

Zip Code
29401-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.20

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363939

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEY

State
NY

Zip Code
14470-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364064

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYN

State
NY

Zip Code
11234-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364401

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.35

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEEState
WIZip Code
54455-9035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364194

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIESE, KENNETH, , ,

Mailing Address 1758 SHADOW LAWN ROAD

City
MOSINEEState
WIZip Code
54455-9035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.19

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364201

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILLOCK, GAIL, , ,

Mailing Address 2518 E 66TH PL

City
TULSAState
OKZip Code
74136-1209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAIL GILLOCKOccupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364162

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

4.20

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 1064 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALLSTEEN, CRAIG, , ,

Mailing Address 1000 SKOKIE BLVD, # 448

City
NORTHBROOKState
ILZip Code
60062-4154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364251

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARBOUR, LAUREL, , ,

Mailing Address 2501 WEST 120TH PLACE

City
LEAWOODState
KSZip Code
66209-1115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363716

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARKState
TXZip Code
77536-4777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363689

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2.75

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 1065 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, BRUCE, , ,

Mailing Address 126 ANDOVER LN

City
HUNTSVILLE

State
AL

Zip Code
35811-8630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.25

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364301

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEARTQUIST, PAUL, , ,

Mailing Address 6732 SOUTH PEBBLE BEACH DRIVE

City
CHANDLER

State
AZ

Zip Code
85249-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.85

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363648

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEARTQUIST, PAUL, , ,

Mailing Address 6732 SOUTH PEBBLE BEACH DRIVE

City
CHANDLER

State
AZ

Zip Code
85249-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.85

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364053

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.30

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HETNER, WILLIAM, , ,

Mailing Address 4047 THOUSAND OAKS DRIVE

City
ARGYLEState
TXZip Code
76226-6784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364348

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HILL, KATHLEEN, , ,

Mailing Address 12900 CAMINO DEL VALLE

City
POWAYState
CAZip Code
92064-1814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364214

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364305

Amount of Each Receipt this Period

6.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

6.50

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 1067 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUEL

State
CA

Zip Code
92607-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364307

Amount of Each Receipt this Period

6.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUEL

State
CA

Zip Code
92607-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364308

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUEL

State
CA

Zip Code
92607-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364309

Amount of Each Receipt this Period

6.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1068 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364310

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364311

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, SANDRA, , ,

Mailing Address P.O. BOX 6905

City
LAGUNA NIGUELState
CAZip Code
92607-6905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1752.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364312

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1069 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, LENORA, , ,

Mailing Address 5510 WINDSOR ISLAND RD N UNIT #16

City
KEIZERState
ORZip Code
97303-6152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOME INSTEAD SENIOR CAREOccupation (for Individual)
CAREGIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363801

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KASPER, FRED, , ,

Mailing Address 4108 E HAWKS WING DR.

City
TUCSONState
AZZip Code
85718-3442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363664

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KASPER, FRED, , ,

Mailing Address 4108 E HAWKS WING DR.

City
TUCSONState
AZZip Code
85718-3442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363665

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

20.20

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 1070 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KASPER, FRED, , ,

Mailing Address 4108 E HAWKS WING DR.

City
TUCSONState
AZZip Code
85718-3442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363666

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KASPER, FRED, , ,

Mailing Address 4108 E HAWKS WING DR.

City
TUCSONState
AZZip Code
85718-3442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363668

Amount of Each Receipt this Period

0.50

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANG, RICHARD, , ,

Mailing Address 719 15TH AVE E

City
SEATTLEState
WAZip Code
98112-4525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1033.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.363636

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.62

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1071 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDONALD, CYNTHIA, , ,

Mailing Address P.O. BOX 784

City
MILTONState
FLZip Code
32572-0784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.05

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.363854

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEULLEN, NORMAN, , ,

Mailing Address 929 MANGROVE EDGE COURT

City
BRADENTONState
FLZip Code
34208-5710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SISCOOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364262

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTONState
TXZip Code
77056-2422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364007

Amount of Each Receipt this Period

1.33

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

2.68

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1072 OF 1421

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTONState
TXZip Code
77056-2422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364008

Amount of Each Receipt this Period

2.66

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLL, BETTY, , ,

Mailing Address 5120 LONGMONT DRIVE UNIT 5

City
HOUSTONState
TXZip Code
77056-2422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364009

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MYERS, STEVE, , ,

Mailing Address 711 N 2ND ST

City
ENIDState
OKZip Code
73701-3244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

728.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364409

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2.86

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 1073 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAUGLE, MARVIN, , ,

Mailing Address 737 BRANDON CIR

City
LEBANON

State
MO

Zip Code
65536-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.12

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363711

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSON, ROBERT, , ,

Mailing Address 312 BIRCHWOOD CIR

City
BRANDON

State
SD

Zip Code
57005-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVERA HEALTH

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364361

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.10

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363643

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.20

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 1074 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363644

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARIS, SUSAN, , ,

Mailing Address 205 EDWARDTON COURT

City
ROSWELL

State
GA

Zip Code
30076-3685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.35

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363983

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARIS, SUSAN, , ,

Mailing Address 205 EDWARDTON COURT

City
ROSWELL

State
GA

Zip Code
30076-3685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.35

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363985

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364073

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364077

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364079

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

20.35

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 1076 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364080

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POPPE, LORI, , ,

Mailing Address P.O. BOX 1112

City
BAKERState
MTZip Code
59313-1112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.85

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364082

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAVAGE, JOHN, , ,

Mailing Address 508 BLAINE ST.

City
MUSCLE SHOALSState
ALZip Code
35661-2780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

341.60

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

Transaction ID : SA17.364399

Amount of Each Receipt this Period

0.25

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20.60

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 1077 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, DEIDRE, , ,

Mailing Address 885 LYMAN AVENUE

City
RENO

State
NV

Zip Code
89509-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.20

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364294

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SNYDER, ROBERT A, , ,

Mailing Address P O BOX 141

City

FALLS VILLAGE

State

CT

Zip Code

06031-0141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARD R HAMILTON,BOOKSELLER

Occupation (for Individual)
SHIP BOOKS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.30

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363721

Amount of Each Receipt this Period

0.35

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOLACE, MARIE, , ,

Mailing Address 2824 N. POWER ROAD, STE. 113

City

MESA

State

AZ

Zip Code

85215-1674

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

427.25

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363819

Amount of Each Receipt this Period

0.75

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.15

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 1078 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIPTON, ANCEL, , ,

Mailing Address 2040 SHEFFIELD DRIVE

City
JACKSON

State
MS

Zip Code
39211-5848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.23

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.363967

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIPTON, ANCEL, , ,

Mailing Address 2040 SHEFFIELD DRIVE

City
JACKSON

State
MS

Zip Code
39211-5848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.23

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364010

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIPTON, ANCEL, , ,

Mailing Address 2040 SHEFFIELD DRIVE

City
JACKSON

State
MS

Zip Code
39211-5848

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.23

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364017

Amount of Each Receipt this Period

0.08

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1079 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363746

Amount of Each Receipt this Period

0.10

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364142

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364241

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.30

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 1080 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364244

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONT

State
NY

Zip Code
11003-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364275

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VASQUEZ, RANDOLPH, , ,

Mailing Address 1010 KEENE DRIVE

City
LA HABRA

State
CA

Zip Code
90631-7150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.30

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364450

Amount of Each Receipt this Period

0.20

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.45

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 1081 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE JR, JOHN M, , ,

Mailing Address P.O. BOX 630

City
CHUGIAK

State
AK

Zip Code
99567-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363672

Amount of Each Receipt this Period

0.15

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILDMAN, DOUGLAS, , ,

Mailing Address 8473 CLAM LAKE ROAD

City
BELLAIRE

State
MI

Zip Code
49615-9378

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364416

Amount of Each Receipt this Period

0.12

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, JAMES, , ,

Mailing Address 2207 RIDGEWAY ST.

City
ARDMORE

State
OK

Zip Code
73401-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2642.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.363960

Amount of Each Receipt this Period

1.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.27

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1082 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLEState
MIZip Code
49418-2259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.363989

Amount of Each Receipt this Period

0.05

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3207276.44

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364454

Amount of Each Receipt this Period

21020.99

☒ Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION
BELOW FOR ALL DONORS ABOVE ITEMIZATION
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ABRAMS, TAMRA, , ,

Mailing Address 233 KRISTEN LANE PR

City
KENNEWICKState
WAZip Code
99338-8304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

432.55

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.365001

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALBERTINI, RAE, , ,

Mailing Address 114 BARTRAM LANE

City
COLLEYVILLE

State
TX

Zip Code
76034-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2081.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA17.364941

Amount of Each Receipt this Period

40.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, LOWELL, , ,

Mailing Address 5948 BROAD VIEW AVE NE

City
TACOMA

State
WA

Zip Code
98422-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA17.364949

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, WESLEY, , ,

Mailing Address 5046 16TH AVENUE NORTHEAST

City
SEATTLE

State
WA

Zip Code
98105-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 30 / 2022

Transaction ID : SA17.364468

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

95.00

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 1084 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANDERSON, WESLEY, , ,

Mailing Address 5046 16TH AVENUE NORTHEAST

City
SEATTLEState
WAZip Code
98105-4229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364471

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364924

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTAState
FLZip Code
34243-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364925

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

30.00

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 1085 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AVERY, ELAINE, , ,

Mailing Address 7288 WEST COUNTRY CLUB DRIVE NORTH

City
SARASOTA

State
FL

Zip Code
34243-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1277.44

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364926

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BACHAND, RAYMOND, , ,

Mailing Address 11991 SW WHITEWATER FALLS COURT

City
PORT SAINT LUCIE

State
FL

Zip Code
34987-7789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DELRAY SUMMIT INC

Occupation (for Individual)
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364904

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAKER, RUDY, , ,

Mailing Address 1016 SWIFT CREEK DRIVE

City
CLAYTON

State
NC

Zip Code
27520-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

590.87

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364861

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1060.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1086 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARELAS, HORTENCIA, , ,

Mailing Address 11915 HILLCROFT AVE

City
HOUSTONState
TXZip Code
77035-4222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.32

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364459

Amount of Each Receipt this Period

35.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BECK, ROBERT, , ,

Mailing Address P.O. BOX 467

City
THOMPSONS STATIONState
TNZip Code
37179-0467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PREMIERE PROPERTIES GROUP PROPERTIES GOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.35

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364892

Amount of Each Receipt this Period

20.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BECKWITH, SUSAN A., , ,

Mailing Address 110 JONES CT

City
CENTRALState
SCZip Code
29630-9094FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PERSONAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364562

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

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 1087 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364623

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.45

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364627

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BELL, ANGELA, , ,

Mailing Address 1323 VILLAGE GARDEN DR.

City
MISSOURI CITY

State
TX

Zip Code
77459-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.45

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364759

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERNIER, MARCELL. BERNIER, , ,

Mailing Address 4543CALM HARBOR. ST

City
BRADENTON

State
FL

Zip Code
34207-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364992

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRANHAM, LINDA, , ,

Mailing Address 412 CROSSFIELD CIR

City
NAPLES

State
FL

Zip Code
34104-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364977

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRYANT, JUDITH, , ,

Mailing Address 28 WOOD AVE.

City
CONCORD

State
NH

Zip Code
03301-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

277.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364950

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

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 1089 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUERGER, LELIA T, , ,

Mailing Address 14242 MISTY MEADOW LANE

City
HOUSTON

State
TX

Zip Code
77079-3182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364914

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURNS, DANE, , ,

Mailing Address 43322 SNIDER RD NEW LONDON NC

City
NEW LONDON

State
NC

Zip Code
28127-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CONSTRUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364473

Amount of Each Receipt this Period

60.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURTON, DOROTHY, , ,

Mailing Address 6722 BIANCA AVENUE

City
VAN NUYS

State
CA

Zip Code
91406-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364724

Amount of Each Receipt this Period

800.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1090 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARRICK, GARTH, , ,

Mailing Address 6128 ROCKPORT DR.

City
OZARK

State
AR

Zip Code
72949-8145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364681

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364955

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARROWAY, RON, , ,

Mailing Address 361 TRAIL CROSSING LANE

City
INMAN

State
SC

Zip Code
29349-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1172.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364956

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1091 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSON, JOSEPH, , ,

Mailing Address 345 HUBBARD LANE

City
CRETEState
ILZip Code
60417-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364852

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLIER, DIANE, , ,

Mailing Address 204 LUDS WAY

City
DOTHANState
ALZip Code
36303-6350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALABAMA SOUTH FAMILY PODIATRYOccupation (for Individual)
PODIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364741

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLDState
GAZip Code
30736-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364639

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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 1092 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLD

State
GA

Zip Code
30736-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364641

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLD

State
GA

Zip Code
30736-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364642

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLD

State
GA

Zip Code
30736-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364645

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34.00

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 1093 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLD

State
GA

Zip Code
30736-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364652

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLD

State
GA

Zip Code
30736-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364654

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLD

State
GA

Zip Code
30736-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364969

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1094 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINGWOOD, SUMNER, , ,

Mailing Address 673 HOLCOMB RD

City
RINGGOLDState
GAZip Code
30736-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364972

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, ERIC, , ,

Mailing Address 2720 ARGUELLO DRIVE

City
BURLINGAMEState
CAZip Code
94010-5816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ENGINEER

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 Y
09		30		2022

Transaction ID : SA17.364584

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUPPLES, LYNDIA, , ,

Mailing Address 12726 HARTS ISLAND ROAD

City
SHREVEPORTState
LAZip Code
71115-9439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1625.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364719

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1095 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUSICK, ROBERT, , ,

Mailing Address 4722 SOUTHWEST DOSCH PARK LANE

City
PORTLAND

State
OR

Zip Code
97239-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.45

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364827

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAZ, ZOILA, , ,

Mailing Address 1430 SOUTHWEST 15TH STREET

City
MIAMI

State
FL

Zip Code
33145-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.365015

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUPUIS, DANIELLE, , ,

Mailing Address 153 8TH ST

City
WIND GAP

State
PA

Zip Code
18091-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTURYWIRE PRODUCTS

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.05

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364787

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1096 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUPUIS, DANIELLE, , ,

Mailing Address 153 8TH ST

City
WIND GAP

State
PA

Zip Code
18091-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTURYWIRE PRODUCTS

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.05

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364788

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLESTAD, BOYD, , ,

Mailing Address 30508 SANTA LUNA DRIVE

City

RANCHO PALOS VERDE

State
CA

Zip Code
90275-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364738

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City

STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364559

Amount of Each Receipt this Period

7.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

132.00

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 1097 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF. PSSI

Occupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2303.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364560

Amount of Each Receipt this Period

29.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FANKHANEL, PAMELA, , ,

Mailing Address 12216 IRVINE AVENUE NORTHWEST

City
BEMIDJI

State
MN

Zip Code
56601-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364649

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERGUSON, JENNIFER, , ,

Mailing Address 3002 OAK KNOB STREET

City
TYLER

State
TX

Zip Code
75701-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365007

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

74.00

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 1098 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNANDEZ, MIRIAM, , ,

Mailing Address 4013 KRISTEN ST

City
SPRING HILL

State
TN

Zip Code
37174-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364673

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, TIMOTHY, , ,

Mailing Address 3950 E KOKOPELLI LN

City
FLAGSTAFF

State
AZ

Zip Code
86004-7873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364469

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANKLIN, ERNEST, , ,

Mailing Address 2171 TAYSIDE CROSSING NORTHWEST

City
KENNESAW

State
GA

Zip Code
30152-8269

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364818

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1099 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANKS, JERRY, , ,

Mailing Address 301 FOREST GROVE DR.

City
YOUNGSVILLEState
LAZip Code
70592-6281FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NGL ENERGY PARTNERSOccupation (for Individual)
FACILITIES MANAGER

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
09		30		2022

Transaction ID : SA17.365043

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GANDARA, DOLORES, , ,

Mailing Address 350 WOOD LANE

City
CORVALLISState
MTZip Code
59828-9556FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364908

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDNER, MARK, , ,

Mailing Address 963 COBBLESTONE CT.

City
HOLLEYState
NYZip Code
14470-9410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364849

Amount of Each Receipt this Period

4.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

139.00

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 1100 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GATTI, PATRICIA, , ,

Mailing Address 1706 EAST 52ND STREET

City
BROOKLYNState
NYZip Code
11234-3812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.365042

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEHRING, MARGERY, , ,

Mailing Address 10404 LAKE LOUISA ROAD

City
CLERMONTState
FLZip Code
34711-8937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.364987

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIESEY, PAUL, , ,

Mailing Address 174 ELBERT WAY

City
BRISTOLState
VAZip Code
24202-6019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1184.66

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	2		

Transaction ID : SA17.365014

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1101 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GONZALES, CHARLES, , ,

Mailing Address 9550 N 90TH ST, BLDG. B STE. 101

City
SCOTTSDALEState
AZZip Code
85258-5049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUTOHAUS OF NORTH SCOTTSDALEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.365035

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, RON, , ,

Mailing Address 913 ANTLER MEADOW WAY

City
FUQUAY VARINAState
NCZip Code
27526-4849FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364630

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOVIN, RONALD, , ,

Mailing Address 11507 CERCA DEL RIO PL

City
TAMPAState
FLZip Code
33617-2620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364946

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1102 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, LOYCE, , ,

Mailing Address 905 WEST CHATHAM DRIVE

City
PAYSONState
AZZip Code
85541-6213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364472

Amount of Each Receipt this Period

2.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREESON, JOHN, , ,

Mailing Address 6382 HOSFIELD DR.

City
TULAREState
CAZip Code
93274-9510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DSIOccupation (for Individual)
INVENTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.365072

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HACKER, ELEANOR, , ,

Mailing Address 2413 N ASHTON PL

City
MESAState
AZZip Code
85215-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364844

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

152.00

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 1103 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, SHARON, , ,

Mailing Address 9 CLARK ROAD

City
LITCHFIELDState
CTZip Code
06759-2809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364747

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMMOND, ANN, , ,

Mailing Address 3304 SHASTA DAM BLVD, #127

City
SHASTA LAKEState
CAZip Code
96019-9595FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364598

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARKState
TXZip Code
77536-4777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364589

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1104 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRISON, CAROL, , ,

Mailing Address 2318 ST ELMOS FIRE, DEER PARK TX 7

City
DEER PARKState
TXZip Code
77536-4777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364806

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City
WARNER ROBINSState
GAZip Code
31088-2607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364729

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City
WARNER ROBINSState
GAZip Code
31088-2607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364731

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

75.00

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 1105 OF 1421

(check only one)

<input 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 checked="" 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, ELIZABETH, , ,

Mailing Address 1108 KATHRYN RYALS ROAD

City

WARNER ROBINS

State

GA

Zip Code

31088-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

311.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.365049

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIBDON, DSW, , ,

Mailing Address 1510 SPRING ST

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364671

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIBDON, DSW, , ,

Mailing Address 1510 SPRING ST

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364749

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1106 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOEFLICKER, MARY, , ,

Mailing Address 2690 COUNTRY PARK DRIVE

City
PRESCOTTState
AZZip Code
86305-4018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
09		30		2022

Transaction ID : SA17.364476

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ILLIAN, ALICE, , ,

Mailing Address 19042 RUNNERS LANE

City
HUMBLEState
TXZip Code
77346-6107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ILLIAN CONSULTINGOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364679

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANTNER, JO ANN, , ,

Mailing Address 648 SILVERLEAF DRIVE

City
DAYTONState
OHZip Code
45431-2944FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364586

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

345.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1107 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARSEN, LAWRENCE, , ,

Mailing Address 4331 GREEN TREE DRIVE

City
SACRAMENTO

State
CA

Zip Code
95823-1978

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOS RIOS COLLEGE DISTRICT

Occupation (for Individual)
ADJUNCT FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364986

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEONARD, LUANNE, , ,

Mailing Address 36560 SAGUARO COURT

City
RANCHO MIRAGE

State
CA

Zip Code
92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364524

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONARD, LUANNE, , ,

Mailing Address 36560 SAGUARO COURT

City
RANCHO MIRAGE

State
CA

Zip Code
92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364754

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEONARD, WILLIAM, , ,

Mailing Address 36560 SAGUARO COURT

City
RANCHO MIRAGE

State
CA

Zip Code
92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WML MANAGEMENT LLC

Occupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364572

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEONARD, WILLIAM, , ,

Mailing Address 36560 SAGUARO COURT

City
RANCHO MIRAGE

State
CA

Zip Code
92270-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WML MANAGEMENT LLC

Occupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364753

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEVENE, JEANNE, , ,

Mailing Address 734 EAST ACADEMY STREET

City
OWATONNA

State
MN

Zip Code
55060-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

478.85

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364973

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1109 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SUSAN, , ,

Mailing Address 13 KAITLYN LANE

City
BLOOMSBURGState
PAZip Code
17815-8833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364838

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LLANES, TIMOTHY, , ,

Mailing Address P O BOX 342

City
TECATEState
CAZip Code
91980-0342FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364873

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUCAS, PEGGY, , ,

Mailing Address 712 W FOUNTAIN GROVE DR.

City
BRYANState
OHZip Code
43506-8725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

838.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364726

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1070.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1110 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACHADO, JACKIE, , ,

Mailing Address 451SILVERFALLS ROAD

City
CLEVELAND

State
GA

Zip Code
30528-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364655

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARQUEZ, HORACIO, , ,

Mailing Address P.O. BOX 914

City
MCLEAN

State
VA

Zip Code
22101-0914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365066

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARSH, ALANA, , ,

Mailing Address 4275 PANORAMIC VIEW DRIVE

City
MARYVILLE

State
TN

Zip Code
37804-3982

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364985

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

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 1111 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAYNARD, JACQUELYNE, , ,

Mailing Address 401 HAMMACK DRIVE

City
AUSTIN

State
TX

Zip Code
78752-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5609.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364951

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYNARD, JACQUELYNE, , ,

Mailing Address 401 HAMMACK DRIVE

City
AUSTIN

State
TX

Zip Code
78752-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5609.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365075

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAYNARD, MARCI, , ,

Mailing Address 2708 SIERRA VISTA

City
BAKERSFIELD

State
CA

Zip Code
93306-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364574

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1112 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEINTS, MARY, , ,

Mailing Address 4020 SO FOLSOM ST

City
LINCOLNState
NEZip Code
68522-2227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364997

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MITCHAM, JOHN, , ,

Mailing Address 3014 HARGETT LANE

City
SAFETY HARBORState
FLZip Code
34695-5249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364829

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOK, LIMING, , ,

Mailing Address 29726 COJAK CIRCLE

City
BOERNEState
TXZip Code
78015-4521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

713.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.365051

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

85.00

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 1113 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOK, LIMING, , ,

Mailing Address 29726 COJAK CIRCLE

City
BOERNE

State
TX

Zip Code
78015-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365052

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSS, PATRICIA, , ,

Mailing Address 2665 WHISPERING PINE

City
TWIN FALLS

State
ID

Zip Code
83301-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364739

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURILLO, STEVEN, , ,

Mailing Address 1405 SUZANNE AVENUE

City
MODESTO

State
CA

Zip Code
95350-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364474

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1114 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURPHY, HEIDI, , ,

Mailing Address 9034 HUNTERS BROOK COURT

City
ELK GROVEState
CAZip Code
95758-8033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364558

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, PATRICK, , ,

Mailing Address 118 WEST VIRGINIA ST APT7

City
ELMHURSTState
ILZip Code
60126-3345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ABLE ENGINEERING SERVICESOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364715

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEEL, ARMON, , ,

Mailing Address 330 EAST COLLEGE ST. APT 206

City
GRIFFINState
GAZip Code
30224-4301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364561

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

205.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1115 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, ROBERT, , ,

Mailing Address 312 BIRCHWOOD CIR

City
BRANDON

State
SD

Zip Code
57005-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVERA HEALTH

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364812

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICHOLS, SUSAN, , ,

Mailing Address 501 JAMAICA WAY

City
BAKERSFIELD

State
CA

Zip Code
93309-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.70

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364483

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364550

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

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 1116 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORCOTT, WILLIAM, , ,

Mailing Address 96 JOSH GRAY RD

City
ROCKLAND

State
MA

Zip Code
02370-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.60

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364553

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOWAK, DANNY, , ,

Mailing Address 715 GLENWOOD AVENUE

City
JACKSON

State
MI

Zip Code
49203-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364891

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OCONNOR, JAMES, , ,

Mailing Address 2520 LINDENWOOD DR.

City
PITTSBURGH

State
PA

Zip Code
15241-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GSL

Occupation (for Individual)
LANDSCAPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

954.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364809

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1117 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALEState
PAZip Code
19446-6078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAXOccupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364631

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OHLER, JOHN, , ,

Mailing Address 2589 SIBEL CIRCLE

City
LANSDALEState
PAZip Code
19446-6078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMAXOccupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364663

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLINGER, SANDRA, , ,

Mailing Address 4914 SOUTHWEST 95TH TERRACE

City
GAINESVILLEState
FLZip Code
32608-4190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1239.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364807

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

175.00

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 1118 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OUMET, AL, , ,

Mailing Address 333 RANCHWOOD DRIVE

City
LEESBURG

State
FL

Zip Code
34748-8125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364929

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OXFORD, LARRY B, , ,

Mailing Address 18211 BULVERDE RD #8307

City
SAN ANTONIO

State
TX

Zip Code
78259-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALAMO HEIGHTS ISD

Occupation (for Individual)
TENNIS CENTER DIRECTOR AND TE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364494

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.10

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364621

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1119 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OXLEY, DEBRA, , ,

Mailing Address 4008 CINDER CIRCLE

City
CHOCTAW

State
OK

Zip Code
73020-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364629

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEDERSEN, WILLIAM, , ,

Mailing Address 374 LOCHWOOD DRIVE

City
CAMANO ISLAND

State
WA

Zip Code
98282-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365062

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEEPLES, TERRY, , ,

Mailing Address 9 ALLEN DR.

City
FLEMING

State
OH

Zip Code
45729-5153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364968

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1120 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POZZI, ROBERT, , ,

Mailing Address 3733 FALSTONE ROAD

City
NORTH CHESTERFIELDState
VAZip Code
23234-3769FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364523

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. QUANN, RICK, , ,

Mailing Address 1209 E KENSINGTON BLVD

City
MILWAUKEEState
WIZip Code
53211-1406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364839

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. QUINN, CHARLES, , ,

Mailing Address 179 JALYN RAE COURT

City
LAS VEGASState
NVZip Code
89183-4129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364945

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

205.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1121 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAIOLA, SILVANA, , ,

Mailing Address 6439 BIXBY TERRACE DR.

City
LONG BEACHState
CAZip Code
90815-4700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LANDMARK REALTORSOccupation (for Individual)
REAL ESTATE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.365050

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMIREZ, JACK, , ,

Mailing Address 360 EAST LOCH LLOYD PARKWAY

City
LOCH LLOYDState
MOZip Code
64012-4134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364583

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHEY, DAVID, , ,

Mailing Address 61 WILDHORSE LOOP

City
RSMState
CAZip Code
92688-1810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DURADEK/DURARAILOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364817

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 1122 OF 1421
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDERS, NICHOLAS, , ,

Mailing Address 496 SHAKER BLVD

City
ENFIELDState
NHZip Code
03748-3621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364556

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLEState
WAZip Code
98077-7600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364587

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPP, MARY, , ,

Mailing Address 1305 BERON DR.

City
METAIRIEState
LAZip Code
70003-5513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

948.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.364522

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1123 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARPONE, FRANK, , ,

Mailing Address 1217 SUNRISE AVENUE

City
POINT PLEASANT BORState
NJZip Code
08742-3720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364799

Amount of Each Receipt this Period

45.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMMS, BETTY, , ,

Mailing Address 18372 CONSTITUTION HIGHWAY

City
ORANGEState
VAZip Code
22960-4408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364943

Amount of Each Receipt this Period

10.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, RANDY, , ,

Mailing Address 1305 WEST SHAW

City
CARLSBADState
NMZip Code
88220-4235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

301.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364531

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1124 OF 1421

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPANGLER, ROBIN, , ,

Mailing Address 822 TRIPLE CROWN CT

City
CLERMONTState
FLZip Code
34711-9615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.365031

Amount of Each Receipt this Period

8.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPRUILL, MIKE, , ,

Mailing Address 2435 WAGNER CREEK COURT

City
MOUNT PLEASANTState
SCZip Code
29466-8050FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364477

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SREDNICKI, RICHARD VIRGINIA, , ,

Mailing Address 33575 DREAMCATCHER TRAIL

City
STEAMBOAT SPRINGSState
COZip Code
80487-9226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364490

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

608.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1125 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SREDNICKI, RICHARD VIRGINIA, , ,

Mailing Address 33575 DREAMCATCHER TRAIL

City
STEAMBOAT SPRINGS

State
CO

Zip Code
80487-9226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364491

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STROUP, STEVEN, , ,

Mailing Address 858 GRAND HARBOUR

City
MIRAMAR BEACH

State
FL

Zip Code
32550-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364928

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TESAR, MICHAEL, , ,

Mailing Address 10 AURORA DRIVE

City
ROLLING HILLS ESTA

State
CA

Zip Code
90274-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2043.74

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364599

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1126 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TESAR, MICHAEL, , ,

Mailing Address 10 AURORA DRIVE

City
ROLLING HILLS ESTAState
CAZip Code
90274-4202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2043.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364913

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VARGHESE, ANNAMMA, , ,

Mailing Address 696 DIELEN LANE

City
ELMONTState
NYZip Code
11003-4518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364590

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASSON, MARIAN, , ,

Mailing Address 1620 BUCKLEVEL RD

City
GREENWOODState
SCZip Code
29649-9755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2022

Transaction ID : SA17.364923

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

225.00

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 1127 OF 1421

(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERS, JEFFREY, , ,

Mailing Address 103 KIMERAN LN APT C

City
SUMMERVILLE

State
SC

Zip Code
29485-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCE

Occupation (for Individual)
CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365032

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERS, JEFFREY, , ,

Mailing Address 103 KIMERAN LN APT C

City
SUMMERVILLE

State
SC

Zip Code
29485-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCE

Occupation (for Individual)
CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365033

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERS, JEFFREY, , ,

Mailing Address 103 KIMERAN LN APT C

City
SUMMERVILLE

State
SC

Zip Code
29485-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCE

Occupation (for Individual)
CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2022

Transaction ID : SA17.365034

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

40.00

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 1128 OF 1421

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERS, JEFFREY, , ,

Mailing Address 103 KIMERAN LN APT C

City
SUMMERVILLE

State
SC

Zip Code
29485-7531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCE

Occupation (for Individual)
CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.365036

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELDEN, ANN, , ,

Mailing Address 7009 LEE PARK COURT

City
FALLS CHURCH

State
VA

Zip Code
22042-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.48

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364604

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITAKER, CINDY, , ,

Mailing Address 3628 COUNTY ROAD 2208

City
GREENVILLE

State
TX

Zip Code
75402-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.19

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364887

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1129 OF 1421

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITEMAN, KEITH, , ,

Mailing Address 2671 DAISY LANE

City
FALLBROOK

State
CA

Zip Code
92028-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.20

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364931

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILKEN, MARVIN, , ,

Mailing Address 3540 BEEKMAN DR.

City
KELLER

State
TX

Zip Code
76244-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.365076

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZENEBERG, ED, , ,

Mailing Address 4661 BLACKFOOT DR. SW

City
GRANDVILLE

State
MI

Zip Code
49418-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

09 / 30 / 2022

Transaction ID : SA17.364718

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

30823080.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1130 OF 1421

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9			1	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.159

Amount of Each Disbursement this Period

2.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Action NetworkMailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Cost share payment - labor

001

Category/
Type

Candidate Name

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
0	9			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.160

Amount of Each Disbursement this Period

3051.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.161

Amount of Each Disbursement this Period

127.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3181.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1131 OF 1421

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	2	2		

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.162

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.163

Amount of Each Disbursement this Period

107.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

357.50

3538.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1132 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Aaron Bean for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Mailing Address 2640A Mitcham Drive

FEC Identification Number

C C00816983**Transaction ID : SB.143**

Amount of Each Disbursement this Period

5000.00

☐ Memo ItemCity
TallahasseeState
FLZip Code
32308Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Bean, Aaron, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

B. Cory Mills for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Mailing Address 501 N. Orlando Ave.
Suite 313

FEC Identification Number

C C00774943**Transaction ID : SB.148**

Amount of Each Disbursement this Period

5000.00

☐ Memo ItemCity
Winter ParkState
FLZip Code
32789Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mills, Cory, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 07

Full Name (Last, First, Middle Initial)

C. Cory Mills for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Mailing Address 501 N. Orlando Ave.
Suite 313

FEC Identification Number

C C00774943**Transaction ID : SB.149**

Amount of Each Disbursement this Period

5000.00

Primary debt

☐ Memo ItemCity
Winter ParkState
FLZip Code
32789Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mills, Cory, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 07

SUBTOTAL of Disbursements This Page (optional).....▶

15000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1133 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. J.R. Majewski for Congress

Mailing Address 3055 W. Elmore Rd.

City
Port ClintonState
OHZip Code
43452Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Majewski, J R, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00770636**Transaction ID : SB.144**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. J.R. Majewski for Congress

Mailing Address 3055 W. Elmore Rd.

City
Port ClintonState
OHZip Code
43452Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Majewski, J R, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00770636**Transaction ID : SB.150**

Amount of Each Disbursement this Period

5000.00

Primary debt

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John Gibbs for Congress, Inc.

Mailing Address PO Box 2521

City
Grand RapidsState
MIZip Code
49501Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Gibbs, John, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00793166**Transaction ID : SB.147**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1134 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Karoline for Congress

Mailing Address Box 307

City
PlaistowState
NHZip Code
03865Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Leavitt, Karoline, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00784884**Transaction ID : SB.142**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karoline for Congress

Mailing Address Box 307

City
PlaistowState
NHZip Code
03865Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Leavitt, Karoline, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00784884**Transaction ID : SB.151**

Amount of Each Disbursement this Period

5000.00

Primary debt

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yesli Vega for VirginiaMailing Address 3360 Post Office Rd.
PO Box 1676City
WoodbridgeState
VAZip Code
22195Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Vega, Yesli, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00799684**Transaction ID : SB.145**

Amount of Each Disbursement this Period

5000.00

Primary debt

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1135 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Yesli Vega for VirginiaMailing Address 3360 Post Office Rd.
PO Box 1676City
WoodbridgeState
VAZip Code
22195Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Vega, Yesli, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

FEC Identification Number

C C00799684**Transaction ID : SB.146**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alexis Martinez Johnson for Congress

Mailing Address PO Box 9401

City
Santa FeState
NMZip Code
87504Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Martinez Johnson, Alexis, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

FEC Identification Number

C C00801753**Transaction ID : SB.155**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cao for Congress

Mailing Address PO Box 652

City
PurcellvilleState
VAZip Code
20134Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Cao, Hung, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

FEC Identification Number

C C00802488**Transaction ID : SB.156**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1136 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Committee to Elect Christian Castelli

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

Mailing Address PO Box 41225

City
GreensboroState
NCZip Code
27404Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Castelli, Robert, Christian, ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 06

FEC Identification Number

C C00794495**Transaction ID : SB.152**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Garcia Holmes for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

Mailing Address PO Box 921923

City
AlbuquerqueState
NMZip Code
87199Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Garcia Holmes, Michelle, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: NM

District: 01

FEC Identification Number

C C00724245**Transaction ID : SB.154**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Gryder for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

Mailing Address PO Box 129

City
YorkvilleState
ILZip Code
60560Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Gryder, Scott, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: IL

District: 14

FEC Identification Number

C C00802264**Transaction ID : SB.158**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1137 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. The Pat Harrigan Committee

Mailing Address PO Box 97275

City
RaleighState
NCZip Code
27624Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Harrigan, Pat, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

FEC Identification Number

C C00802298

Transaction ID : SB.153

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Weiler for Congress

Mailing Address PO Box 127

City
WayzataState
MNZip Code
55391Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Weiler, Tom, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	2		

FEC Identification Number

C C00792002

Transaction ID : SB.157

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

85000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1138 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			1	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.14

Amount of Each Disbursement this Period

0.25

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			1	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.15

Amount of Each Disbursement this Period

17.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			1	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

39.89

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1139 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9			1	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.13

Amount of Each Disbursement this Period

299.80

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.21

Amount of Each Disbursement this Period

6.89

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Person 2 Person MessagingMailing Address 2800 S. Shirlington Road
9th FloorCity
ArlingtonState
VAZip Code
22206Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.17

Amount of Each Disbursement this Period

4.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1140 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.19

Amount of Each Disbursement this Period

255.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.16

Amount of Each Disbursement this Period

31.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMA Direct, Inc.Mailing Address 1900 Reston Metro Plaza
Suite 600City
RestonState
VAZip Code
20190Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.18

Amount of Each Disbursement this Period

18.80

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1141 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	2	

FEC Identification Number

C

Transaction ID : SB.20

Amount of Each Disbursement this Period

298.09

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Action NetworkMailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Cost share payment - rent, labor, OH

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2	

FEC Identification Number

C

Transaction ID : SB.112

Amount of Each Disbursement this Period

104708.92

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cavalry LLC

Mailing Address 1634 Eye Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
IE's previously reported as operating. See schedule E

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	2	2	

FEC Identification Number

C

Transaction ID : SB.164

Amount of Each Disbursement this Period

- 50000.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55007.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1142 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.24

Amount of Each Disbursement this Period

4.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pop Acta Media Inc.Mailing Address 10 Fairway Dr.
Suite 180VCity
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.29

Amount of Each Disbursement this Period

227.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.25

Amount of Each Disbursement this Period

4.25

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

236.25

	21b		22		23		26		27
	28a		28b		28c	x	29		30b

Congressional Leadership Fund

District:

8.00

Memo Item

MM / DD / YYYY

District:

861.70

 McGraw-Hill

District:

141.95

Memo Item

1011.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1144 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.23

Amount of Each Disbursement this Period

241.79

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Butcher, Donald, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel reimbursement

002

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.109

Amount of Each Disbursement this Period

236.69

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conston, Daniel, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entries

002

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.125

Amount of Each Disbursement this Period

8134.52

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8613.00

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)

PAGE 1145 OF 1421

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 1 Skyview Drive

City
Fort Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 16 / 2022

FEC Identification Number

C

Transaction ID : SB.128

Amount of Each Disbursement this Period

202.60

Non-contribution account

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Four Seasons

Mailing Address 1165 Leslie St

City
Toronto, Ontario M3C 2K8

State

Zip Code

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 16 / 2022

FEC Identification Number

C

Transaction ID : SB.126

Amount of Each Disbursement this Period

6663.66

Non-contribution account

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 1455 Market St.
Suite 400

City
San Francisco

State
CA

Zip Code
94103

Purpose of Disbursement
Ground transportation

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 16 / 2022

FEC Identification Number

C

Transaction ID : SB.129

Amount of Each Disbursement this Period

240.29

Non-contribution account

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1146 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 South Wacker Drive

City
ChicagoState
ILZip Code
60606Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.127

Amount of Each Disbursement this Period

417.60

Non-contribution account

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Moore, Calvin, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entry

002

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.133

Amount of Each Disbursement this Period

1113.58

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Teton Mountain Lodge

Mailing Address 3385 Cody Lane

City
Teton VillageState
WYZip Code
83025Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.134

Amount of Each Disbursement this Period

1113.58

Non-contribution account

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1113.58

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)

PAGE 1147 OF 1421

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Re, Domenic, , ,

Mailing Address 1747 Pennsylvania Ave. NW
5th Floor

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Travel - see memo entries

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

FEC Identification Number

C

Transaction ID : SB.130

Amount of Each Disbursement this Period

1318.44

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marriott

Mailing Address 7750 Wisconsin Ave.

City
Bethesda

State
MD

Zip Code
20814

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

FEC Identification Number

C

Transaction ID : SB.132

Amount of Each Disbursement this Period

207.13

Non-contribution account

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Teton Mountain Lodge

Mailing Address 3385 Cody Lane

City
Teton Village

State
WY

Zip Code
83025

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2022

FEC Identification Number

C

Transaction ID : SB.131

Amount of Each Disbursement this Period

1111.31

Non-contribution account

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1318.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1148 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Viewpoint, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Mailing Address 1199 North Lee Street
Suite 808City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.120

Amount of Each Disbursement this Period

32000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Computer Exchange

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Mailing Address 4487 Forbes Boulevard

City
LanhamState
MDZip Code
20706Purpose of Disbursement
Computer services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.108

Amount of Each Disbursement this Period

103.03

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Computer Exchange

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	2		

Mailing Address 4487 Forbes Boulevard

City
LanhamState
MDZip Code
20706Purpose of Disbursement
Computer services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.111

Amount of Each Disbursement this Period

206.06

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32309.09

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1149 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.30

Amount of Each Disbursement this Period

8.64

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cygnal LLCMailing Address 1600 K St. NW
Suite 350City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.122

Amount of Each Disbursement this Period

12100.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Extreme Reach Inc.Mailing Address 75 Second Ave.
Suite 720City
NeedhamState
MAZip Code
02494Purpose of Disbursement
Online shipping services

001

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.137

Amount of Each Disbursement this Period

4366.92

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16475.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1150 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. FLS Connect, LLCMailing Address 7300 Hudson Blvd.
Suite 270City
St PaulState
MNZip Code
55128Purpose of Disbursement
Conference call services

001

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.110

Amount of Each Disbursement this Period

147.15

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jones Day

Mailing Address 51 Louisiana Ave. NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal services

001

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.104

Amount of Each Disbursement this Period

103303.25

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Prospect Strategic CommunicationsMailing Address 3033 Wilson Blvd.
Suite E-116City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Research

001

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.124

Amount of Each Disbursement this Period

20024.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

123474.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1151 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2022

FEC Identification Number

C

Transaction ID : SB.31

Amount of Each Disbursement this Period

116.10

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2022

FEC Identification Number

C

Transaction ID : SB.33

Amount of Each Disbursement this Period

217.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Targeted VictoryMailing Address 2311 Wilson Blvd
Suite 200City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Media consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2022

FEC Identification Number

C

Transaction ID : SB.102

Amount of Each Disbursement this Period

45354.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45687.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1152 OF 1421

<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)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Targeted VictoryMailing Address 2311 Wilson Blvd
Suite 200City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Media consulting

001

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.103

Amount of Each Disbursement this Period

62597.71

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Targeted VictoryMailing Address 2311 Wilson Blvd
Suite 200City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
Media placement - non IE

004

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.107

Amount of Each Disbursement this Period

72000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Tarrance GroupMailing Address 201 N. Union St.
Suite 410City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.113

Amount of Each Disbursement this Period

23500.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

158097.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1153 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

44.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.32

Amount of Each Disbursement this Period

531.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.37

Amount of Each Disbursement this Period

28.65

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

604.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1154 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Finance Strategies Group LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Mailing Address 2024 3rd Ave. N
Suite 211City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Fundraising consulting

003

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:

FEC Identification Number

C

Transaction ID : SB.34

Amount of Each Disbursement this Period

77000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Finance Strategies Group LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Mailing Address 2024 3rd Ave. N
Suite 211City
BirminghamState
ALZip Code
35203Purpose of Disbursement
Fundraising consulting

003

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:

FEC Identification Number

C

Transaction ID : SB.35

Amount of Each Disbursement this Period

162450.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Right Country Lists

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2022

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

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:

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

115.20

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

239565.20

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1155 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			1	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.39

Amount of Each Disbursement this Period

169.40

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			1	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.3

Amount of Each Disbursement this Period

161.85

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			1	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.36

Amount of Each Disbursement this Period

754.94

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1086.19

	21b		22		23		26		27
	28a		28b		28c	x	29		30b

Congressional Leadership Fund

Memo Item

09 / 20 / 2022

Memo Item

Memo Item

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1157 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.42

Amount of Each Disbursement this Period

8.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Excelsior Strategies LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.46

Amount of Each Disbursement this Period

3.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Red Fog Media LLC

Mailing Address 1209 Orange Street

City
WilmingtonState
DEZip Code
19801Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.45

Amount of Each Disbursement this Period

5.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1158 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.44

Amount of Each Disbursement this Period

24.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.43

Amount of Each Disbursement this Period

1430.04

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

66.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1520.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1159 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. 1892, LLC

Mailing Address PO Box 1832

City
GallatinState
TNZip Code
37066Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

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		22		2022

FEC Identification Number

C

Transaction ID : SB.114

Amount of Each Disbursement this Period

58880.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 1892, LLC

Mailing Address PO Box 1832

City
GallatinState
TNZip Code
37066Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

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		22		2022

FEC Identification Number

C

Transaction ID : SB.119

Amount of Each Disbursement this Period

11376.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Viewpoint, Inc.Mailing Address 1199 North Lee Street
Suite 808City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

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		22		2022

FEC Identification Number

C

Transaction ID : SB.117

Amount of Each Disbursement this Period

86660.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

156916.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1160 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Viewpoint, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 1199 North Lee Street
Suite 808City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.121

Amount of Each Disbursement this Period

21000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Convergence Media LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.52

Amount of Each Disbursement this Period

5.25

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cygnal LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 1600 K St. NW
Suite 350City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.123

Amount of Each Disbursement this Period

56505.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

77510.25

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)

PAGE 1161 OF 1421

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Deep Root Analytics LLC

Mailing Address 1600 Wilson Blvd.
Suite 300

City
Arlington

State
VA

Zip Code
22209

Purpose of Disbursement
Modeling

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB.106

Amount of Each Disbursement this Period

47000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Excelsior Strategies LLC

Mailing Address 1010 N. Fairfax St.
Suite 250

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB.49

Amount of Each Disbursement this Period

35.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Extreme Reach Inc.

Mailing Address 75 Second Ave.
Suite 720

City
Needham

State
MA

Zip Code
02494

Purpose of Disbursement
Online shipping services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB.138

Amount of Each Disbursement this Period

4784.18

Non-contribution account

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

51819.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1162 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. McLaughlin & Associates, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Mailing Address 566 S. Route 303

City
BlauveltState
NYZip Code
10913Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.115

Amount of Each Disbursement this Period

25500.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Public Opinion Strategies LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Mailing Address 214 N. Fayette Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.118

Amount of Each Disbursement this Period

85000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Reach Right Digital Marketing, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	2	2		

Mailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.53

Amount of Each Disbursement this Period

757.35

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

111257.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1163 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Red Fog Media LLC

Mailing Address 1209 Orange Street

City
WilmingtonState
DEZip Code
19801Purpose of Disbursement
Fundraising Consulting

003

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
0	9			2	2			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.48

Amount of Each Disbursement this Period

50.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

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
0	9			2	2			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.47

Amount of Each Disbursement this Period

11.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Tarrance GroupMailing Address 201 N. Union St.
Suite 410City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Polling

005

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
0	9			2	2			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.116

Amount of Each Disbursement this Period

92000.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92061.50

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)

PAGE 1164 OF 1421

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical Services

Mailing Address 1776 Wilson Blvd.
Suite 530

City
Arlington

State
VA

Zip Code
22209

Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB.50

Amount of Each Disbursement this Period

561.21

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical Services

Mailing Address 1776 Wilson Blvd.
Suite 530

City
Arlington

State
VA

Zip Code
22209

Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB.51

Amount of Each Disbursement this Period

357.82

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services

Mailing Address 1776 Wilson Blvd.
Suite 530

City
Arlington

State
VA

Zip Code
22209

Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 22 / 2022

FEC Identification Number

C

Transaction ID : SB.6

Amount of Each Disbursement this Period

156.80

Non-contribution account

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1165 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WPA Intelligence

Mailing Address 1319 Classen Drive

City
Oklahoma CityState
OKZip Code
73103Purpose of Disbursement
Modeling

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

FEC Identification Number

C

Transaction ID : SB.105

Amount of Each Disbursement this Period

47000.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

FEC Identification Number

C

Transaction ID : SB.59

Amount of Each Disbursement this Period

11.21

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

FEC Identification Number

C

Transaction ID : SB.57

Amount of Each Disbursement this Period

48.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47059.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1167 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Red Fog Media LLC

Mailing Address 1209 Orange Street

City
WilmingtonState
DEZip Code
19801Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

FEC Identification Number

C

Transaction ID : SB.55

Amount of Each Disbursement this Period

50.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

FEC Identification Number

C

Transaction ID : SB.54

Amount of Each Disbursement this Period

18.80

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

FEC Identification Number

C

Transaction ID : SB.61

Amount of Each Disbursement this Period

196.87

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1168 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			2	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.58

Amount of Each Disbursement this Period

503.02

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			2	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.7

Amount of Each Disbursement this Period

107.75

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.70

Amount of Each Disbursement this Period

19.70

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

630.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1169 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.66

Amount of Each Disbursement this Period

112.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pop Acta Media Inc.Mailing Address 10 Fairway Dr.
Suite 180VCity
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.64

Amount of Each Disbursement this Period

406.53

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.69

Amount of Each Disbursement this Period

4440.40

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4958.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1170 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.67

Amount of Each Disbursement this Period

17.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.65

Amount of Each Disbursement this Period

2985.15

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMA Direct, Inc.Mailing Address 1900 Reston Metro Plaza
Suite 600City
RestonState
VAZip Code
20190Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.68

Amount of Each Disbursement this Period

47.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3049.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1171 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.63

Amount of Each Disbursement this Period

1011.06

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			2	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

100.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

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
0	9			2	7			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.75

Amount of Each Disbursement this Period

1.12

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1112.18

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1172 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Pop Acta Media Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2022

Mailing Address 10 Fairway Dr.
Suite 180VCity
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.73

Amount of Each Disbursement this Period

94.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reach Right Digital Marketing, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2022

Mailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.71

Amount of Each Disbursement this Period

1668.55

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shiraz Media Corporation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2022

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.72

Amount of Each Disbursement this Period

539.70

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2302.75

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1173 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant Fees

003

Category/
Type

Candidate Name

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
0	9			2	7			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.74

Amount of Each Disbursement this Period

451.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			2	7			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

43.95

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Allen, Meredith, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entry

002

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.135

Amount of Each Disbursement this Period

768.73

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1264.18

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1174 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. One Parking 719, Inc.Mailing Address 477 South Rosemary Ave.
Suite 202City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Parking

002

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.136

Amount of Each Disbursement this Period

620.00

Non-contribution account

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Arena LLCMailing Address 1260 Stringham Ave
#350City
Salt Lake CityState
UTZip Code
84106Purpose of Disbursement
IE's previously reported as operating. See schedule E

004

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.141

Amount of Each Disbursement this Period

- 526372.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.82

Amount of Each Disbursement this Period

9.75

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 526362.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1175 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.79

Amount of Each Disbursement this Period

32.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Excelsior Strategies LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.80

Amount of Each Disbursement this Period

12.25

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paramount CommunicationMailing Address 525K East Market Street
#114City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.77

Amount of Each Disbursement this Period

383.60

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

427.85

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)

PAGE 1176 OF 1421

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Reach Right Digital Marketing, LLC

Mailing Address 6501 Red Hook Plaza
Suite 201

City
St. Thomas

State
VI

Zip Code
00802

Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

FEC Identification Number

C

Transaction ID : SB.81

Amount of Each Disbursement this Period

1480.70

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

FEC Identification Number

C

Transaction ID : SB.78

Amount of Each Disbursement this Period

17.50

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical Services

Mailing Address 1776 Wilson Blvd.
Suite 530

City
Arlington

State
VA

Zip Code
22209

Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2022

FEC Identification Number

C

Transaction ID : SB.10

Amount of Each Disbursement this Period

84.85

Non-contribution account

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

1583.05

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 PageFOR LINE NUMBER:
(check only one)

PAGE 1177 OF 1421

<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)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9			2	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.76

Amount of Each Disbursement this Period

508.46

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.86

Amount of Each Disbursement this Period

26.25

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.83

Amount of Each Disbursement this Period

32.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

566.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1178 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Paramount CommunicationMailing Address 525K East Market Street
#114City
LeesburgState
VAZip Code
20176Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.84

Amount of Each Disbursement this Period

1591.26

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.88

Amount of Each Disbursement this Period

470.05

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.89

Amount of Each Disbursement this Period

42.70

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2104.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1179 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.11

Amount of Each Disbursement this Period

75.95

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
TV Merchant fee

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.85

Amount of Each Disbursement this Period

404.67

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9			2	9			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.87

Amount of Each Disbursement this Period

639.52

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1120.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1180 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Action NetworkMailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
In-kind: Research and data

001

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.139

Amount of Each Disbursement this Period

16635.16

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.97

Amount of Each Disbursement this Period

18.62

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Convergence Media LLCMailing Address 1010 N. Fairfax St.
Suite 250City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.99

Amount of Each Disbursement this Period

4.50

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16658.28

	21b		22		23		26		27
	28a		28b		28c	x	29		30b

Congressional Leadership Fund

21.00

Memo Item

MM / DD / YYYY

☐ Primary ☐ General
☐ Other (specify) _____

Non-contribution account

Memo Item

09 / 30 / 2022

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

40.00

Non-contribution account

Memo Item

443.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1182 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.100

Amount of Each Disbursement this Period

1609.90

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reach Right Digital Marketing, LLCMailing Address 6501 Red Hook Plaza
Suite 201City
St. ThomasState
VIZip Code
00802Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.94

Amount of Each Disbursement this Period

571.20

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Red Fog Media LLC

Mailing Address 1209 Orange Street

City
WilmingtonState
DEZip Code
19801Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.91

Amount of Each Disbursement this Period

30.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2211.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1183 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.101

Amount of Each Disbursement this Period

7.00

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shiraz Media Corporation

Mailing Address 25 Little Bend

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.96

Amount of Each Disbursement this Period

7.70

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchandise fee

003

Category/
Type

Candidate Name

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
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.12

Amount of Each Disbursement this Period

56.00

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1184 OF 1421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9				3	0				2	0	2	2

FEC Identification Number

C

Transaction ID : SB.95

Amount of Each Disbursement this Period

657.12

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9				3	0				2	0	2	2

FEC Identification Number

C

Transaction ID : SB.98

Amount of Each Disbursement this Period

309.17

Non-contribution account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

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
0	9				3	0				2	0	2	2

FEC Identification Number

C

Transaction ID : SB.98_B

Amount of Each Disbursement this Period

93.01

Non-contribution account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1059.30

739686.44

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1185 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Advantage Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 12 / 2022		
Mailing Address 9420 Bonita Beach Road SE Suite 200			Amount 14199.84		
City Bonita Springs	State FL	Zip Code 34135	Transaction ID : SE.001		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022		
Name of Federal Candidate: Mowers, Matt, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NH		
Calendar Year-To-Date Per Election for Office Sought 2388702.20			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
Mailing Address 925 University Ave			Amount 32206.85		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.002		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022		
Name of Federal Candidate: Gray, Adam, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: CA		
Calendar Year-To-Date Per Election for Office Sought 1747223.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			46406.69		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1186 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY														
Full Name of Payee <input type="checkbox"/> Memo Item Swing Strategies				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2022										
Mailing Address 925 University Ave				Amount 32206.85										
City Sacramento		State CA		Zip Code 95825										
Purpose of Expenditure Direct Mail				Category/Type 004										
Name of Federal Candidate: <input type="checkbox"/> Support Gray, Adam, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA										
Calendar Year-To-Date Per Election for Office Sought 2557654.20				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item Swing Strategies				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2022										
Mailing Address 925 University Ave				Amount 17574.79										
City Sacramento		State CA		Zip Code 95825										
Purpose of Expenditure Direct Mail				Category/Type 004										
Name of Federal Candidate: <input type="checkbox"/> Support Levin, Mike, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA										
Calendar Year-To-Date Per Election for Office Sought 1020387.54				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶										
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">49781.64</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	49781.64	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶		(c) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	49781.64												
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶													
(c) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Crosby, Caleb, , , [Electronically Filed] Signature				Date MM / DD / YYYY 10 / 15 / 2022										

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1187 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Swing Strategies				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 925 University Ave				Amount 17574.79	
City Sacramento		State CA		Zip Code 95825	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: Levin, Mike, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 1575610.68				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Red Elephant Strategy LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address 25475 Marsh Landing Pkwy				Amount 13000.00	
City Ponte Vedra Beach		State FL		Zip Code 32082	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: Caraveo, Yadira, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 881152.34				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				30574.79	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1188 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1050.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Transaction ID : SE.007 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Caraveo, Yadira, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">882202.34</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Red Elephant Strategy LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 25475 Marsh Landing Pkwy				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Ponte Vedra Beach		State FL		Zip Code 32082	
Purpose of Expenditure Media Production				Transaction ID : SE.008 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Sorensen, Eric, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">355662.58</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">14050.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1189 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address PO Box 1051				Amount 600.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Category/Type 004	
Name of Federal Candidate: Sorensen, Eric, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 356262.58				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address PO Box 1051				Amount 750.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Category/Type 004	
Name of Federal Candidate: Mrvan, Frank, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 1255340.44				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				1350.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1190 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 466068.75		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.011 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022		
Name of Federal Candidate: Mrvan, Frank, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought 1775187.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 600.00		
Purpose of Expenditure Digital Production		Category/Type 004	Transaction ID : SE.012 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022		
Name of Federal Candidate: Dauids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 617232.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			466668.75		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1191 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2022	
Mailing Address PO Box 1051				Amount 300.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Category/Type 004	
Name of Federal Candidate: Golden, Jared, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 1736641.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Red Elephant Strategy LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2022	
Mailing Address 25475 Marsh Landing Pkwy				Amount 13000.00	
City Ponte Vedra Beach		State FL		Zip Code 32082	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: Craig, Angela, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 1336034.74				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				13300.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date MM / DD / YYYY 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1192 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee POOLHOUSE Agency, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Mailing Address 23 W. Broad Street Suite 302			Amount 13000.00		
City Richmond	State VA	Zip Code 23220	Transaction ID : SE.015 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022		
Purpose of Expenditure Media Production		Category/ Type 004			
Name of Federal Candidate: Vasquez, Gabriel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NM		
Calendar Year-To-Date Per Election for Office Sought 653136.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Mailing Address PO Box 1051			Amount 869067.50		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.016 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Lee, Susie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV		
Calendar Year-To-Date Per Election for Office Sought 966067.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			882067.50		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1193 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Patchwork Creative			<input type="checkbox"/> Memo Item		
Mailing Address 1320 N Courthouse Rd. Suite 130			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City Arlington		State VA	Zip Code 22201		Amount 13000.00
Purpose of Expenditure Media Production			Category/ Type 004		Transaction ID : SE.017 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022
Name of Federal Candidate: Lee, Susie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			979067.50		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 13000.00
Purpose of Expenditure Media Production			Category/ Type 004		Transaction ID : SE.018 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022
Name of Federal Candidate: Landsman, Greg, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought			48000.00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures			26000.00		
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1194 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022		
City New Albany		State OH	Amount 208696.78		
Purpose of Expenditure Media Placement		Category/Type 004		Transaction ID : SE.019 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2022	
Name of Federal Candidate: Landsman, Greg, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 256696.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022		
City Alexandria		State VA	Amount 13000.00		
Purpose of Expenditure Media Production		Category/Type 004		Transaction ID : SE.020 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2022	
Name of Federal Candidate: Deluzio, Christopher, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 1114770.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			221696.78		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1195 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		Amount 318457.13	
Name of Federal Candidate: Vallejo, Michelle, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 780207.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Person 2 Person			<input type="checkbox"/> Memo Item		
Mailing Address 2800 S Shirlington Rd 9th Floor			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City Arlington		State VA	Zip Code 22206		
Purpose of Expenditure Text Messages		Category/Type 004		Amount 2689.60	
Name of Federal Candidate: Cuellar, Henry, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 973296.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			321146.73		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1196 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 11 / 2022	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">69075.56</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.023 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2022	
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Gonzalez, Vicente, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">814437.64</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Person 2 Person <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 14 / 2022	
Mailing Address 2800 S Shirlington Rd 9th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2598.48</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.024 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 13 / 2022	
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Gonzalez, Vicente, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">845036.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">71674.04</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
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.				
Crosby, Caleb, , , Signature			[Electronically Filed] Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1197 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee OnMessage, Inc <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address 817 Slaters Lane		Amount 13000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.025
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2022
Name of Federal Candidate: Gonzalez, Vicente, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 858036.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address 2001 K St NW		Amount 5000.00	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.026
Purpose of Expenditure Text Messages		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022
Name of Federal Candidate: Engel, Kirsten, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 301919.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		18000.00	
(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.			
Crosby, Caleb, , , Signature		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1198 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee On Message, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
City Alexandria		State VA	Zip Code 22314	Amount 13000.00	
Purpose of Expenditure Media Production			Category/Type 004	Transaction ID : SE.027 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			759041.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
City Washington		State DC	Zip Code 20006	Amount 3250.00	
Purpose of Expenditure Text Messages			Category/Type 004	Transaction ID : SE.028 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			762291.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				16250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1199 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee PRIME Media Partners, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 15 / 2022	
Mailing Address 4201 Wilson Blvd. #110-126			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13000.00</div>	
City Arlington	State VA	Zip Code 22203	Transaction ID : SE.029 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 14 / 2022	
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Salas, Rudy, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1094982.71</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 15 / 2022	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.030 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 14 / 2022	
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Salas, Rudy, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1097982.71</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Crosby, Caleb, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 15 / 2022	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1200 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Swing Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2022		
Mailing Address 925 University Ave			Amount 22958.84		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.031		
Purpose of Expenditure Direct Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2022		
Mailing Address 925 University Ave			Amount 22958.84		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.032		
Purpose of Expenditure Direct Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			45917.68		
(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.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1201 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2022		
City Sacramento	State CA	Zip Code 95825	Amount 41549.61		
Purpose of Expenditure Direct Mail		Category/Type 004	Transaction ID : SE.033 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			1099656.35 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2022		
City Sacramento	State CA	Zip Code 95825	Amount 38231.28		
Purpose of Expenditure Direct Mail		Category/Type 004	Transaction ID : SE.034 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Chen, Jay, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			1212238.15 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79780.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1202 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Swing Strategies				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022	
Mailing Address 925 University Ave				Amount 38231.28	
City Sacramento		State CA		Zip Code 95825	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: Chen, Jay, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 1587926.91				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Swing Strategies				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2022	
Mailing Address 925 University Ave				Amount 38859.08	
City Sacramento		State CA		Zip Code 95825	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: Porter, Katherine, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 47 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 835917.60				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">77090.36</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(c) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date MM / DD / YYYY 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1203 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PRIME Media Partners, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4201 Wilson Blvd. #110-126			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Arlington	State VA	Zip Code 22203		
Purpose of Expenditure Media Production		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Levin, Mike, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">422596.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5300.00</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Levin, Mike, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">427896.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	18300.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1204 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 14 / 2022	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.039 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 14 / 2022	
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Caraveo, Yadira, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">890202.34</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Big Dog Strategies, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 16 / 2022	
Mailing Address 23150 Fashion Dr Ste 231			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36874.29</div>	
City Estero	State FL	Zip Code 33928	Transaction ID : SE.040 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 14 / 2022	
Purpose of Expenditure Direct Mail		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Caraveo, Yadira, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">927076.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">44874.29</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>				
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.				
Crosby, Caleb, , , Signature			[Electronically Filed] Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1205 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Mailing Address 2001 K St NW			Amount 7250.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.041		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Mathis, Liz, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 290086.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Mailing Address 2001 K St NW			Amount 6300.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.042		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Sorensen, Eric, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 362562.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			13550.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1206 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 13 / 2022	
Mailing Address 23150 Fashion Dr Ste 231				Amount 53778.09	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 1164590.44				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022	
Mailing Address 23150 Fashion Dr Ste 231				Amount 53778.60	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 1309119.04				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				107556.69	
(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.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1207 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Mailing Address 2001 K St NW			Amount 7250.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.045		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Davids, Sharice, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 624482.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Mailing Address 2001 K St NW			Amount 3200.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.046		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Golden, Jared, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought 2167639.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			10450.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1208 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address 2001 K St NW			Amount 6700.00		
City Washington	State DC	Zip Code 20006			
Purpose of Expenditure Text Messages		Category/ Type	004	Transaction ID : SE.047 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Name of Federal Candidate: Kildee, Daniel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			756457.05		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2022 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022	
Mailing Address 2001 K St NW			Amount 5000.00		
City Washington	State DC	Zip Code 20006			
Purpose of Expenditure Text Messages		Category/ Type	004	Transaction ID : SE.048 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Name of Federal Candidate: Craig, Angela, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			1341034.74		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2022 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	11700.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1209 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022		
City Washington	State DC	Zip Code 20006	Amount 4500.00		
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.049 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022		
Name of Federal Candidate: Vargas, Anthony, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE		
Calendar Year-To-Date Per Election for Office Sought 471184.75			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee On Message, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 13000.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.050 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022		
Name of Federal Candidate: Pappas, Chris, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 920807.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			17500.00		
(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.					
Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1210 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
City Washington		State DC	Amount 5000.00		
Purpose of Expenditure Text Messages		Zip Code 20006	Transaction ID : SE.051 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Category/Type 004		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 01 State: NH			
Calendar Year-To-Date Per Election for Office Sought 925807.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City Washington		State DC	Amount 3500.00		
Purpose of Expenditure Text Messages		Zip Code 20006	Transaction ID : SE.052 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Category/Type 004		Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 02 State: NM			
Calendar Year-To-Date Per Election for Office Sought 640136.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="text-align: right;"> 8500.00 </div> </div>					
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 <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1211 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address 2001 K St NW				Amount 8000.00	
City Washington		State DC	Zip Code 20006	Transaction ID : SE.053 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Purpose of Expenditure Text Messages			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Lee, Susie, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 987067.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Something Else Strategies, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address 212 Golden Willow Court				Amount 13000.00	
City Easley		State SC	Zip Code 29642	Transaction ID : SE.054 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Purpose of Expenditure Media Production			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Maloney, Sean, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 291345.92				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶				21000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶					
(c) TOTAL Independent Expenditures ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1212 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City Washington		State DC	Amount 5000.00		
Zip Code 20006		Transaction ID : SE.055			
Purpose of Expenditure Text Messages		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Name of Federal Candidate: Maloney, Sean, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 17			<input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 296345.92			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Blitz Canvassing LLC			<input type="checkbox"/> Memo Item		
Mailing Address 7600 E Eastman Ave #405			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
City Denver		State CO	Amount 25000.00		
Zip Code 80231		Transaction ID : SE.056			
Purpose of Expenditure Canvassing		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Name of Federal Candidate: Schmitt, Colin, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 18			<input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 565386.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			30000.00		
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1213 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Blitz Canvassing LLC			<input type="checkbox"/> Memo Item		
Mailing Address 7600 E Eastman Ave #405			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2022		
City Denver	State CO	Zip Code 80231	Amount 25000.00		
Purpose of Expenditure Canvassing		Category/Type 004	Transaction ID : SE.057 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022		
Name of Federal Candidate: Ryan, Patrick, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 590386.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022		
City Washington	State DC	Zip Code 20006	Amount 4000.00		
Purpose of Expenditure Text Messages		Category/Type 004	Transaction ID : SE.058 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022		
Name of Federal Candidate: Conole, Francis, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 454430.66			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			29000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1214 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4000.00</div> Transaction ID : SE.059 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Landsman, Greg, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">260696.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6700.00</div> Transaction ID : SE.060 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Sykes, Emilia, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1161425.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	10700.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1215 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8500.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support McLeod-Skinner, Jamie, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1190319.82</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Red Maverick Media LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1426 N 3rd St Suite 310				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Harrisburg		State PA		Zip Code 17102	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Cartwright, Matthew, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1085246.05</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">21500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1216 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
City Washington		State DC	Zip Code 20006	Amount 6250.00	
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.063 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Cartwright, Matthew, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 1091496.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
City Washington		State DC	Zip Code 20006	Amount 6250.00	
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.064 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2022		
Name of Federal Candidate: Deluzio, Christopher, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 1121020.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			12500.00		
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1217 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		Amount 251584.38	
Name of Federal Candidate: Magaziner, Seth, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type 004		Amount 6700.00	
Name of Federal Candidate: Magaziner, Seth, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			258284.38		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1218 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">14</div><div style="border: 1px solid black; padding: 2px;">2022</div></div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">5000.00</div></div>	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Text Messages			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Gonzalez, Vicente, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">863036.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Something Else Strategies, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">09</div><div style="border: 1px solid black; padding: 2px;">14</div><div style="border: 1px solid black; padding: 2px;">2022</div></div>	
Mailing Address 212 Golden Willow Court			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">13000.00</div></div>	
City Easy		State SC	Zip Code 29642	
Purpose of Expenditure Media Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Luria, Elaine, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1405805.17</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">18000.00</div></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"></div></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"></div></div>	
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.				
Crosby, Caleb, , , Signature			[Electronically Filed] Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">15</div><div style="border: 1px solid black; padding: 2px;">2022</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1219 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; font-size: small;"> 5750.00 </div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: Luria, Elaine, , ,				Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; font-size: small;"> 5000.00 </div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: Schrier, Kim, , ,				Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: small;"> 10750.00 </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: small;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: small;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u> [Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1220 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
City Sacramento	State CA	Zip Code 95825	Amount 22958.84		
Purpose of Expenditure Direct Mail		Category/Type 004	Transaction ID : SE.071 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			1058106.74 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2022		
City Sacramento	State CA	Zip Code 95825	Amount 38231.28		
Purpose of Expenditure Direct Mail		Category/Type 004	Transaction ID : SE.072 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
Name of Federal Candidate: Chen, Jay, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			1626158.19 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			61190.12		
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1221 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee Arena			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1260 Stringham Ave #350			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		Amount
City Salt Lake City		State UT	Zip Code 84106		<div style="border: 1px solid black; padding: 2px; text-align: right;">10921.04</div>
Purpose of Expenditure Direct Mail			Category/ Type 004		Transaction ID : SE.073 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: Logan, George, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1529342.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Arena			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1260 Stringham Ave #350			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		Amount
City Salt Lake City		State UT	Zip Code 84106		<div style="border: 1px solid black; padding: 2px; text-align: right;">5402.79</div>
Purpose of Expenditure Direct Mail			Category/ Type 004		Transaction ID : SE.074 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: Hayes, Jahana, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1809338.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">16323.83</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;"></div>					
(c) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;"></div>					
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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1222 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y											
Full Name of Payee <input type="checkbox"/> Memo Item Arena				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022							
Mailing Address 1260 Stringham Ave #350				Amount 5402.80							
City Salt Lake City		State UT		Zip Code 84106							
Purpose of Expenditure Direct Mail				Category/Type 004							
Name of Federal Candidate: Logan, George, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT							
Calendar Year-To-Date Per Election for Office Sought 1814741.49				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Arena				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 05 / 2022							
Mailing Address 1260 Stringham Ave #350				Amount 10921.04							
City Salt Lake City		State UT		Zip Code 84106							
Purpose of Expenditure Direct Mail				Category/Type 004							
Name of Federal Candidate: Logan, George, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT							
Calendar Year-To-Date Per Election for Office Sought 1843540.62				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">16323.84</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;"></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	16323.84	(b) SUBTOTAL of Unitemized Independent Expenditures.....		(c) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	16323.84										
(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.											
Crosby, Caleb, , , Signature				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1223 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee KAP Print LLC <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022	
Mailing Address 220 Quinn Drive				Amount 43271.40	
City Dripping Springs		State TX		Zip Code 78620	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: Lee, Susie, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 1712927.45				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 14 / 2022	
Mailing Address PO Box 1051				Amount 4550.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Category/Type 004	
Name of Federal Candidate: Maloney, Sean, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 300895.92				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				47821.40	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1224 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee POOLHOUSE Agency, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
Mailing Address 23 W. Broad Street Suite 302			Amount 14800.00		
City Richmond	State VA	Zip Code 23220	Transaction ID : SE.079 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
Purpose of Expenditure Media Production		Category/ Type 004			
Name of Federal Candidate: Magaziner, Seth, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought 273084.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ascent Media LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 17 / 2022		
Mailing Address 7600 E. Eastman Avenue Suite 405			Amount 13000.00		
City Denver	State CO	Zip Code 80231	Transaction ID : SE.080 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
Purpose of Expenditure Media Production		Category/ Type 004			
Name of Federal Candidate: Schrier, Kim, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought 1762175.82			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			27800.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1225 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022	
Mailing Address PO Box 1051			Amount 240408.00	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.081 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2022	
Purpose of Expenditure Media Placement		Category/ Type 004		
Name of Federal Candidate: Engel, Kirsten, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 542327.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee OnMessage, Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2022	
Mailing Address 817 Slaters Lane			Amount 8204.61	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.082 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2022	
Purpose of Expenditure Media Production		Category/ Type 004		
Name of Federal Candidate: Gray, Adam, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 770495.65			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			248612.61	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Crosby, Caleb, , ,</u>			Date MM / DD / YYYY 10 / 15 / 2022	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1226 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">214419.45</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.083 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure Media Placement		Category/Type 004	<div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Gray, Adam, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 984915.10			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">161900.23</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.084 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure Media Placement		Category/Type 004	<div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 1259882.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	376319.68
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1227 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 160138.54		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.085 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 628113.16			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 75000.00		
Purpose of Expenditure Digital Placement		Category/Type 004	Transaction ID : SE.086 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Mahmood, Asif, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 75000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			235138.54		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1228 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">128962.85</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.087 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Mahmood, Asif, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">203962.85</div>					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">264447.05</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.088 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Chen, Jay, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">1049006.87</div>					
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">393409.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1229 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		Amount 188488.79	
Name of Federal Candidate: Porter, Katie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 722058.52			Office Sought: <input checked="" type="checkbox"/> House District: 47 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany		State OH	Zip Code 43054		
Purpose of Expenditure Digital Placement		Category/Type 004		Amount 75000.00	
Name of Federal Candidate: Caraveo, Yadira, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1002076.63			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			263488.79		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1230 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 1051					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City New Albany		State OH	Zip Code 43504		Amount 564170.43
Purpose of Expenditure Media Placement			Category/Type 004		Transaction ID : SE.091
Name of Federal Candidate: Caraveo, Yadira, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			1566247.06		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: Caraveo, Yadira, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			1566247.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 1051					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City New Albany		State OH	Zip Code 43504		Amount 57188.10
Purpose of Expenditure Media Placement			Category/Type 004		Transaction ID : SE.092
Name of Federal Candidate: Logan, George, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			1216141.52		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: Logan, George, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought			1216141.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					621358.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			[Electronically Filed]		Date
					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1231 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 235223.90		
Purpose of Expenditure Media Placement		Category/ Type 004	Transaction ID : SE.093 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Hayes, Jahana, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT		
Calendar Year-To-Date Per Election for Office Sought 1451365.42			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Targeted Victory LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2311 Wilson Blvd Suite 200			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
City Arlington	State VA	Zip Code 22201	Amount 50000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.094 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Miller-Meeks, Mariannette, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 100000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			285223.90		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1232 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address PO Box 1051				Amount 192734.50	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Category/Type 004	
Name of Federal Candidate: Bohannon, Christina, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 292734.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Mailing Address 2311 Wilson Blvd Suite 200				Amount 50000.00	
City Arlington		State VA		Zip Code 22201	
Purpose of Expenditure Digital Placement				Category/Type 004	
Name of Federal Candidate: Hinson, Ashley, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 340086.06				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				242734.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1233 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 190207.06 </div> Transaction ID : SE.097 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Mathis, Liz, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 530293.12 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 30000.00 </div> Transaction ID : SE.098 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43054		
Purpose of Expenditure Digital Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Axne, Cindy, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 55000.00 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 220207.06 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>

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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1234 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 180677.00		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.099 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Axne, Cindy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 235677.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 45000.00		
Purpose of Expenditure Digital Placement		Category/Type 004	Transaction ID : SE.100 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Sorensen, Eric, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 407562.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			225677.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1235 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295900.33</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.101 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Sorensen, Eric, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">703462.91</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 2311 Wilson Blvd Suite 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.102 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Green, Jennifer-Ruth, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1825187.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">345900.33</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1236 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90000.00</div>		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.103 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: Mrvan, Frank, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1968966.39</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			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 Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43000.00</div>		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.104 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: Dauids, Sharice, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">667482.08</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">133000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1237 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">410270.35</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.105 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Dauids, Sharice, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1077752.43</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			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 Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">67000.00</div>		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.106 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Golden, Jared, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2234639.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">477270.35</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1238 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">360797.50</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.107 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Golden, Jared, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2595436.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">42000.00</div>		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.108 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Scholten, Hillary, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">537388.72</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">402797.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <u>Crosby, Caleb, , ,</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1239 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 189135.80		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.109 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2022		
Name of Federal Candidate: Scholten, Hillary, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 726524.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2022		
City Washington	State DC	Zip Code 20006	Amount 7250.00		
Purpose of Expenditure Text Messages		Category/Type 004	Transaction ID : SE.110 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2022		
Name of Federal Candidate: Slotkin, Elissa, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 795200.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			196385.80		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1240 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address PO Box 1051			Amount 176670.20	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Purpose of Expenditure Media Placement		Category/ Type 004		
Name of Federal Candidate: Slotkin, Elissa, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 984870.70			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Red Eagle Media Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 815 Slaters Lane			Amount 141825.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.112 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Purpose of Expenditure Media Placement		Category/ Type 004		
Name of Federal Candidate: Kildee, Daniel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 911282.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			318495.20	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Crosby, Caleb, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1241 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">422058.88</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.113 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Marlinga, Carl, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1324876.64</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">58150.07</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.114 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Kistner, Tyler, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1399184.81</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">480208.95</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1242 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 523350.70		
Purpose of Expenditure Media Placement		Category/ Type 004	Transaction ID : SE.115 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Craig, Angie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought 1922535.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 166217.28		
Purpose of Expenditure Media Placement		Category/ Type 004	Transaction ID : SE.116 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Vargas, Anthony, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>		
Calendar Year-To-Date Per Election for Office Sought 637402.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			689567.98		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1243 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany		State OH	Zip Code 43504		Amount 848036.44
Purpose of Expenditure Media Placement		Category/Type 004		Transaction ID : SE.117 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Name of Federal Candidate: Pappas, Chris, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			1773844.25 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 225144.63
Purpose of Expenditure Media Placement		Category/Type 004		Transaction ID : SE.118 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Name of Federal Candidate: Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought			832073.32 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				1073181.07	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1244 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Transaction ID : SE.119 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Vasquez, Gabriel, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Transaction ID : SE.120 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Maloney, Sean, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
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 <u>Crosby, Caleb, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1245 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 203345.92 </div> Transaction ID : SE.121 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Maloney, Sean, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 579241.84 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 65000.00 </div> Transaction ID : SE.122 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43054		
Purpose of Expenditure Digital Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Ryan, Patrick, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 655386.50 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	268345.92
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1246 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address PO Box 1051			Amount 162224.39		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.123 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Ryan, Patrick, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 817610.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address PO Box 1051			Amount 317784.69		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.124 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Riley, Josh, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 317784.69			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			480009.08		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1247 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Riley, Josh, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">392784.69</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">387439.94</div>	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Conole, Francis, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">841870.60</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">462439.94</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1248 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 208682.86 </div> Transaction ID : SE.127 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Landsman, Greg, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 469379.64 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 510125.00 </div> Transaction ID : SE.128 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Sykes, Emilia, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 1671550.94 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	718807.86
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1249 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 50000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.129 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: Sykes, Emilia, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 1721550.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 434978.95		
Purpose of Expenditure Media Placement		Category/ Type 004	Transaction ID : SE.130 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022		
Name of Federal Candidate: McLeod-Skinner, Jamie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 1625298.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			484978.95		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1250 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/ Type		Amount 706866.30	
		004		Transaction ID : SE.131 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Name of Federal Candidate: Wild, Susan, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
706866.30					
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Alexandria		State VA	Zip Code 22314		
Purpose of Expenditure Media Placement		Category/ Type		Amount 241720.95	
		004		Transaction ID : SE.132 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2022	
Name of Federal Candidate: Cartwright, Matthew, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
1333217.00					
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 948587.25		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			▶		
(c) TOTAL Independent Expenditures			▶		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1251 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">450709.35</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.133 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Deluzio, Christopher, , , <div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1571729.76</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">75000.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.134 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Deluzio, Christopher, , , <div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1646729.76</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	525709.35
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1252 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 251584.38 </div> Transaction ID : SE.135 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Magaziner, Seth, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought 574668.76 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 313182.43 </div> Transaction ID : SE.136 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Cuellar, Henry, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 1300529.42 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 564766.81 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>

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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1253 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65000.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Cuellar, Henry, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1365529.42</div>				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 Red Eagle Media Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 815 Slaters Lane				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">349505.16</div>	
City Alexandria		State VA		Zip Code 22314	
Purpose of Expenditure Media Placement				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Luria, Elaine, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1794424.20</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">414505.16</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1254 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee KAP Print LLC			<input type="checkbox"/> Memo Item		
Mailing Address 220 Quinn Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
City Dripping Springs		State TX	Zip Code 78620		
Purpose of Expenditure Direct Mail		Category/Type 004		Amount 33363.87	
Name of Federal Candidate: Luria, Elaine, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		Amount 455054.69	
Name of Federal Candidate: Schrier, Kim, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			488418.56		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1255 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 90408.06		
Purpose of Expenditure Media Placement		Category/ Type 004	Transaction ID : SE.141 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2022		
Name of Federal Candidate: Pfaff, Brad, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought 310674.18			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 13000.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.142 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022		
Name of Federal Candidate: Cuellar, Henry, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 987346.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			103408.06		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1256 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 42000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.143 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Engel, Kirsten, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			584327.83		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 75000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.144 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			1059915.10		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures					117000.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1257 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City New Albany		State OH	Amount 677427.91		
Zip Code 43504		Transaction ID : SE.145			
Purpose of Expenditure Media Placement		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Name of Federal Candidate: Salas, Rudy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			1937310.85		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Alexandria		State VA	Amount 50000.00		
Zip Code 22314		Transaction ID : SE.146			
Purpose of Expenditure Digital Placement		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Name of Federal Candidate: Salas, Rudy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			1987310.85		
(a) SUBTOTAL of Itemized Independent Expenditures			727427.91		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
<p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p>Crosby, Caleb, , ,</p> <p>Signature</p> </div> <div style="width: 20%; text-align: center;"> <p>[Electronically Filed]</p> </div> <div style="width: 30%;"> <p>Date</p> <div>MM / DD / YYYY</div> <div>10 / 15 / 2022</div> </div> </div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1258 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2022		
City Sacramento		State CA	Zip Code 95825	Amount 16622.79	
Purpose of Expenditure Direct Mail		Category/ Type	004	Transaction ID : SE.147 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022	
Name of Federal Candidate: Salas, Rudy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			3256429.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2022		
City Sacramento		State CA	Zip Code 95825	Amount 8311.39	
Purpose of Expenditure Direct Mail		Category/ Type	004	Transaction ID : SE.148 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022	
Name of Federal Candidate: Salas, Rudy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			3279741.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			24934.18		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1259 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2022		
City Sacramento		State CA	Zip Code 95825		Amount 8311.40
Purpose of Expenditure Direct Mail		Category/Type 004	Transaction ID : SE.149 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Valadao, David, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			3288052.54		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2022		
City Sacramento		State CA	Zip Code 95825		Amount 16622.79
Purpose of Expenditure Direct Mail		Category/Type 004	Transaction ID : SE.150 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Salas, Rudy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			3761505.55		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures			24934.19		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1260 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 815 Slaters Lane			Amount 73000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.151		
Purpose of Expenditure Digital Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 701113.16			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2022	
Mailing Address 925 University Ave			Amount 41549.61		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.152		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 1391349.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	114549.61
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1261 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2022		
City Sacramento	State CA	Zip Code 95825	Amount 41549.61		
Purpose of Expenditure Direct Mail		Category/ Type 004	Transaction ID : SE.153 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 1432899.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Salt Lake City	State UT	Zip Code 84106	Amount 75000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.154 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Chen, Jay, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>45</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 1124006.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			116549.61		
(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.					
Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1262 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Cavalry LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 1634 Eye Street NW				Amount 75000.00	
City Washington		State DC	Zip Code 20006	Transaction ID : SE.155 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022	
Purpose of Expenditure Digital Placement			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Porter, Katherine, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>47</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 797058.52				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Swing Strategies				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 925 University Ave				Amount 38859.08	
City Sacramento		State CA	Zip Code 95825	Transaction ID : SE.156 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022	
Purpose of Expenditure Direct Mail			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Porter, Katherine, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: <u>47</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 1134709.07				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				113859.08	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1263 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 1051					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City New Albany		State OH	Zip Code 43504		Amount 449916.34
Purpose of Expenditure Media Placement			Category/Type 004		Transaction ID : SE.157 Date of Disbursement or Obligation
Name of Federal Candidate: Levin, Mike, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA
Calendar Year-To-Date Per Election for Office Sought			927812.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 815 Slaters Lane					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Alexandria		State VA	Zip Code 22314		Amount 75000.00
Purpose of Expenditure Digital Placement			Category/Type 004		Transaction ID : SE.158 Date of Disbursement or Obligation
Name of Federal Candidate: Levin, Mike, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA
Calendar Year-To-Date Per Election for Office Sought			1002812.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					524916.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
<p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><i>Crosby, Caleb, , ,</i></p> <p>Signature</p> </div> <div> <p><i>[Electronically Filed]</i></p> </div> <div> <p>Date</p> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div> </div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1264 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 22000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.159 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Hayes, Jahana, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought			1473365.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 22000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.160 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Logan, George, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought			1495365.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				44000.00	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1265 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		
Purpose of Expenditure Digital Placement		Category/ Type 004		Amount 50000.00	
Name of Federal Candidate: Bohannon, Christina, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 342734.50			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		
Purpose of Expenditure Digital Placement		Category/ Type 004		Amount 30000.00	
Name of Federal Candidate: Mathis, Liz, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 560293.12			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			80000.00		
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1266 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Johnson Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
Mailing Address 4612 Dusik Lane			Amount 13000.00		
City Austin		State TX	Zip Code 78746		Transaction ID : SE.163
Purpose of Expenditure Media Production		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Name of Federal Candidate: Axne, Cindy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee DMM Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
Mailing Address 8588 Richmond Highway Ste 90546			Amount 13000.00		
City Alexandria		State VA	Zip Code 22309		Transaction ID : SE.164
Purpose of Expenditure Media Production		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Name of Federal Candidate: Davids, Sharice, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			26000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> [Electronically Filed]			Date MM / DD / YYYY 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1267 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
City New Albany		State OH	Zip Code 43054		Amount 450.00
Purpose of Expenditure Digital Production			Category/Type 004		Transaction ID : SE.165 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Scholten, Hillary, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			495388.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 17 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 13000.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.166 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Slotkin, Elissa, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			808200.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					13450.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1268 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 23000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Slotkin, Elissa, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			1007870.70		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 55000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.168 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Kildee, Daniel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			966282.05		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures					78000.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1269 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 21 / 2022 </div>	
Mailing Address 1260 Stringham Ave #350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 41000.00 </div>	
City Salt Lake City	State UT	Zip Code 84106		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.169 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2022 </div>	
Name of Federal Candidate: Vargas, Anthony, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought 678402.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 21 / 2022 </div>	
Mailing Address 1260 Stringham Ave #350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 69000.00 </div>	
City Salt Lake City	State UT	Zip Code 84106		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.170 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 19 / 2022 </div>	
Name of Federal Candidate: Pappas, Chris, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 1842844.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 110000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1270 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 815 Slaters Lane			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>
City Alexandria		State VA	Zip Code 22314	Transaction ID : SE.171 Date of Disbursement or Obligation	
Purpose of Expenditure Digital Placement			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">907073.32</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 1634 Eye Street NW			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>
City Washington		State DC	Zip Code 20006	Transaction ID : SE.172 Date of Disbursement or Obligation	
Purpose of Expenditure Digital Placement			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: Vasquez, Gabriel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">961443.32</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">125000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <i>Crosby, Caleb, , ,</i>			Date		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
[Electronically Filed]			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1271 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/ Type		Amount 303157.55	
		004		Transaction ID : SE.173 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022	
Name of Federal Candidate: Titus, Dina, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
303157.55					
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022		
City Salt Lake City		State UT	Zip Code 84106		
Purpose of Expenditure Digital Placement		Category/ Type		Amount 87000.00	
		004		Transaction ID : SE.174 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022	
Name of Federal Candidate: Titus, Dina, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
390157.55					
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 390157.55		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			▶		
(c) TOTAL Independent Expenditures			▶		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1273 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee KAP Print LLC			<input type="checkbox"/> Memo Item		
Mailing Address 220 Quinn Drive			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2022		
City Dripping Springs		State TX	Amount 22946.99		
Zip Code 78620		Transaction ID : SE.177			
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Name of Federal Candidate: Lee, Susie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			1735874.44		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Alexandria		State VA	Amount 50000.00		
Zip Code 22314		Transaction ID : SE.178			
Purpose of Expenditure Digital Placement		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Name of Federal Candidate: Conole, Francis, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			891870.60		
(a) SUBTOTAL of Itemized Independent Expenditures			72946.99		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not 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 <u>Crosby, Caleb, , ,</u> [Electronically Filed]			Date MM / DD / YYYY 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1274 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee DMM Media			<input type="checkbox"/> Memo Item		
Mailing Address 8588 Richmond Highway Ste 90546			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
City Alexandria		State VA	Zip Code 22309		Amount 13000.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.179 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Conole, Francis, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought			904870.60 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 35000.00
Purpose of Expenditure Digital Placement			Category/Type 004		Transaction ID : SE.180 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022
Name of Federal Candidate: Landsman, Greg, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			504379.64 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				48000.00	
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1275 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Washington	State DC	Zip Code 20006	Amount 66000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.181 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022		
Name of Federal Candidate: McLeod-Skinner, Jamie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Salt Lake City	State UT	Zip Code 84106	Amount 65000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.182 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022		
Name of Federal Candidate: Wild, Susan, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			131000.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1276 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Red Eagle Media Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address 815 Slaters Lane			Amount 125000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.183		
Purpose of Expenditure Digital Placement		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Cartwright, Matthew, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address 1634 Eye Street NW			Amount 50000.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.184		
Purpose of Expenditure Digital Placement		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2022		
Name of Federal Candidate: Magaziner, Seth, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			175000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1277 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2022	
Mailing Address PO Box 1051				Amount 1050.00	
City New Albany		State OH	Zip Code 43054	Transaction ID : SE.185 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Purpose of Expenditure Digital Production			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Cuellar, Henry, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 28 State: TX	
Calendar Year-To-Date Per Election for Office Sought 974346.99				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item OnMessage, Inc				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2022	
Mailing Address 817 Slaters Lane				Amount 2000.00	
City Alexandria		State VA	Zip Code 22314	Transaction ID : SE.186 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Purpose of Expenditure Media Production			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Gonzalez, Vicente, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 34 State: TX	
Calendar Year-To-Date Per Election for Office Sought 865036.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				3050.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date MM / DD / YYYY 10 / 15 / 2022	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1278 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 20 / 2022	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25070.33</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.187 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 19 / 2022	
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Gonzalez, Vicente, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">890106.45</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Red Eagle Media Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 21 / 2022	
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65000.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.188 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 19 / 2022	
Purpose of Expenditure Digital Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Gonzalez, Vicente, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">955106.45</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">90070.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Crosby, Caleb, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2022	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1279 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Red Eagle Media Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022	
Mailing Address 815 Slaters Lane			Amount 75000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.189 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Purpose of Expenditure Digital Placement		Category/ Type 004		
Name of Federal Candidate: Luria, Elaine, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 1869424.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Arena LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022	
Mailing Address 1260 Stringham Ave #350			Amount 70000.00	
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.190 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2022	
Purpose of Expenditure Digital Placement		Category/ Type 004		
Name of Federal Candidate: Schrier, Kim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought 2287230.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			145000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1280 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Big Dog Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
Mailing Address 23150 Fashion Dr Ste 231			Amount 36874.29		
City Estero	State FL	Zip Code 33928	Transaction ID : SE.191		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2022		
Name of Federal Candidate: Caraveo, Yadira, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought 1603121.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Outlaw Media, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2022		
Mailing Address 3532 Goddard Way			Amount 13000.00		
City Alexandria	State VA	Zip Code 22304	Transaction ID : SE.192		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2022		
Name of Federal Candidate: Engel, Kirsten, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought 597327.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			49874.29		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1281 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Outlaw Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022	
Mailing Address 3532 Goddard Way				Amount 4850.00	
City Alexandria		State VA		Zip Code 22304	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Engel, Kirsten, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 602177.83				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Mailing Address 23150 Fashion Dr Ste 231				Amount 36874.29	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Caraveo, Yadira, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 1639995.64				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶				41724.29	
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶					
(c) TOTAL Independent Expenditures ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , [Electronically Filed] Signature				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1282 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Big Dog Strategies, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 23150 Fashion Dr Ste 231			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2022		
City Estero		State FL	Zip Code 33928		
Purpose of Expenditure Direct Mail		Category/ Type		Amount 52104.98	
		004		Transaction ID : SE.195 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2022	
Name of Federal Candidate: Caraveo, Yadira, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
			1692100.62		
Full Name of Payee Outlaw Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 3532 Goddard Way			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Alexandria		State VA	Zip Code 22304		
Purpose of Expenditure Media Production		Category/ Type		Amount 13000.00	
		004		Transaction ID : SE.196 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2022	
Name of Federal Candidate: Mathis, Liz, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
			573293.12		
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 65104.98		
(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.					
Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1283 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 23150 Fashion Dr Ste 231				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">53778.60</div>	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1878966.39</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Something Else Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 212 Golden Willow Court				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Easley		State SC		Zip Code 29642	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Marlinga, Carl, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1337876.64</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">66778.60</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1284 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 10000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.199 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2022
Name of Federal Candidate: Marlinga, Carl, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought			1347876.64 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City Washington		State DC	Zip Code 20006		Amount 36000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.200 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2022
Name of Federal Candidate: Kistner, Tyler, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought			1958535.51 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				46000.00	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1285 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Cavalry LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 1634 Eye Street NW				Amount 36000.00	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Digital Placement				Category/Type 004	
Name of Federal Candidate: Craig, Angela, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 1994535.51				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item OnMessage, Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022	
Mailing Address 817 Slaters Lane				Amount 13000.00	
City Alexandria		State VA		Zip Code 22314	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: Titus, Dina, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 403157.55				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				49000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1286 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Blitz Canvassing LLC			<input type="checkbox"/> Memo Item		
Mailing Address 7600 E Eastman Ave #405			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
City Denver		State CO	Zip Code 80231		
Purpose of Expenditure Canvassing		Category/ Type 004		Amount 25000.00	
Name of Federal Candidate: Molinaro, Marcus, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought 434588.39			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Blitz Canvassing LLC			<input type="checkbox"/> Memo Item		
Mailing Address 7600 E Eastman Ave #405			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
City Denver		State CO	Zip Code 80231		
Purpose of Expenditure Canvassing		Category/ Type 004		Amount 25000.00	
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought 459588.39			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			50000.00		
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1287 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
City New Albany		State OH	Amount 364910.96		
Purpose of Expenditure Media Placement		Zip Code 43504	Transaction ID : SE.205		
		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2022		
Name of Federal Candidate: Gonzales, Vicente, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			1320017.41 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee KAP Print LLC			<input type="checkbox"/> Memo Item		
Mailing Address 220 Quinn Drive			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2022		
City Dripping Springs		State TX	Amount 52043.00		
Purpose of Expenditure Direct Mail		Zip Code 78620	Transaction ID : SE.206		
		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2022		
Name of Federal Candidate: Schrier, Kim, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought			2339273.51 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			416953.96		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			Date MM / DD / YYYY 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1288 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee KAP Print LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 220 Quinn Drive		Amount 52043.00	
City Dripping Springs	State TX	Zip Code 78620	Transaction ID : SE.207
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2022
Name of Federal Candidate: Schrier, Kim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought 2932955.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address PO Box 1051		Amount 750.00	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.208
Purpose of Expenditure Digital Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022
Name of Federal Candidate: Mahmood, Asif, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 204712.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		52793.00	
(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.			
Crosby, Caleb, , , Signature		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1289 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Johnson Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4612 Dusik Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">13000.00</div>	
City Austin	State TX	Zip Code 78746	Transaction ID : SE.209 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Production		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Mahmood, Asif, , , <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">217712.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">10000.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.210 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Text Messages		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Mahmood, Asif, , , <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">227712.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	23000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1290 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2022		
Mailing Address 925 University Ave			Amount 38231.28		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.211		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Name of Federal Candidate: Chen, Jay, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 2020098.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2022		
Mailing Address 925 University Ave			Amount 38231.28		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.212		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Name of Federal Candidate: Chen, Jay, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 2058329.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			76462.56		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1291 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2022		
Mailing Address 925 University Ave			Amount 42482.12		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.213		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Name of Federal Candidate: Levin, Mike, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 1618092.80			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 05 / 2022		
Mailing Address 925 University Ave			Amount 17574.79		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.214		
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Name of Federal Candidate: Levin, Mike, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 1635667.59			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			60056.91		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1292 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Arena			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	
Mailing Address 1260 Stringham Ave #350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5402.79</div>	
City Salt Lake City	State UT	Zip Code 84106		
Purpose of Expenditure Direct Mail		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.215 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	
Name of Federal Candidate: Logan, George, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1848943.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Arena			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	
Mailing Address 1260 Stringham Ave #350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5402.80</div>	
City Salt Lake City	State UT	Zip Code 84106		
Purpose of Expenditure Direct Mail		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SE.216 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	
Name of Federal Candidate: Hayes, Jahana, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1854346.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	10805.59
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

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2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1293 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Red Maverick Media LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1426 N 3rd St Suite 310			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">13000.00</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : SE.217 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Production			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Bohannon, Christina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">355734.50</div>			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 RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">7000.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.218 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Text Messages			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Bohannon, Christina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">362734.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	20000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1294 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6250.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.219 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Mathis, Liz, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">579543.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7750.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.220 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Axne, Cindy, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">256427.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	14000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1295 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 600.00 </div> Transaction ID : SE.221 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
City New Albany	State OH	Zip Code 03111		
Purpose of Expenditure Digital Production		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Axne, Cindy, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 257027.00 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 158602.50 </div> Transaction ID : SE.222 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 2127568.89 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	159202.50
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1296 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 466068.75 </div> Transaction ID : SE.223 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 2643637.64 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 6000.00 </div> Transaction ID : SE.224 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 21 / 2022 </div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Dauids, Sharice, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 1096752.43 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	472068.75
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1297 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
Mailing Address 2001 K St NW			Amount 2500.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.225 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2022		
Purpose of Expenditure Text Messages		Category/ Type 004			
Name of Federal Candidate: Golden, Jared, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought 2597936.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
Mailing Address 2001 K St NW			Amount 5300.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.226 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2022		
Purpose of Expenditure Text Messages		Category/ Type 004			
Name of Federal Candidate: Scholten, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 731824.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			7800.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1298 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Outlaw Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Mailing Address 3532 Goddard Way			Amount 13000.00		
City Alexandria	State VA	Zip Code 22304	Transaction ID : SE.227		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Name of Federal Candidate: Gibbs, John, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> District: <u>03</u>		
Calendar Year-To-Date Per Election for Office Sought 744824.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address 2001 K St NW			Amount 6300.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.228		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Name of Federal Candidate: Kildee, Daniel, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u> District: <u>08</u>		
Calendar Year-To-Date Per Election for Office Sought 972582.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			19300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1299 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address 2001 K St NW			Amount 5200.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.229 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Purpose of Expenditure Text Messages		Category/ Type 004			
Name of Federal Candidate: Marlinga, Carl, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought 1353076.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Mailing Address 2001 K St NW			Amount 4100.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.230 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
Purpose of Expenditure Text Messages		Category/ Type 004			
Name of Federal Candidate: Vargas, Anthony, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>		
Calendar Year-To-Date Per Election for Office Sought 682502.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			9300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1300 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Something Else Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 212 Golden Willow Court			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">13000.00</div> Transaction ID : SE.231 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Easley	State SC	Zip Code 29642		
Purpose of Expenditure Media Production		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Vargas, Anthony, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought 695502.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item KAP Print LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 220 Quinn Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">37817.28</div> Transaction ID : SE.232 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Dripping Springs	State TX	Zip Code 78620		
Purpose of Expenditure Direct Mail		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Lee, Susie, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 3032425.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	50817.28
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1301 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Washington		State DC	Zip Code 20006		Amount 5500.00
Purpose of Expenditure Text Messages			Category/ Type 004		Transaction ID : SE.233 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022
Name of Federal Candidate: Ryan, Patrick, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			823110.89		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022		
City Washington		State DC	Zip Code 20006		Amount 4300.00
Purpose of Expenditure Text Messages			Category/ Type 004		Transaction ID : SE.234 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			397084.69		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures			9800.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1302 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address PO Box 1051				Amount 750.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Category/Type 004	
Name of Federal Candidate: Riley, Josh, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 397834.69				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022	
Mailing Address 23150 Fashion Dr Ste 231				Amount 1425.00	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: Molinaro, Marcus, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 461013.39				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				2175.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1303 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 23150 Fashion Dr Ste 231				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1425.00</div>	
City Estero	State FL	Zip Code 33928	Transaction ID : SE.237 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Direct Mail		Category/ Type 004	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support Riley, Josh, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">462438.39</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Disbursement For: 2022	
Full Name of Payee <input type="checkbox"/> Memo Item Honold Communications				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 32 West Lake Street				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19625.90</div>	
City Skaneateles	State NY	Zip Code 13152	Transaction ID : SE.238 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media Production		Category/ Type 004	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support Sykes, Emilia, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1741176.84</div>		
Disbursement For: 2022			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">21050.90</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1304 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 2001 K St NW		Amount 5500.00	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.239
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022
Name of Federal Candidate: Wild, Susan, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 777366.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Something Else Strategies, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 212 Golden Willow Court		Amount 13000.00	
City Easley	State SC	Zip Code 29642	Transaction ID : SE.240
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2022
Name of Federal Candidate: Wild, Susan, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 790366.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		18500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1305 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022										
Mailing Address 2001 K St NW				Amount 5800.00										
City Washington		State DC		Zip Code 20006										
Purpose of Expenditure Text Messages				Category/Type 004										
Name of Federal Candidate: Deluzio, Christopher, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA										
Calendar Year-To-Date Per Election for Office Sought 1652529.76				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item OnMessage, Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022										
Mailing Address 817 Slaters Lane				Amount 13000.00										
City Alexandria		State VA		Zip Code 22314										
Purpose of Expenditure Media Production				Category/Type 004										
Name of Federal Candidate: Deluzio, Christopher, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA										
Calendar Year-To-Date Per Election for Office Sought 1665529.76				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">18800.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	18800.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶		(c) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	18800.00												
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶													
(c) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022										

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1306 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022	
Mailing Address PO Box 1051				Amount 32462.50	
City New Albany		State OH	Zip Code 43504	Transaction ID : SE.243 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2022	
Purpose of Expenditure Media Placement			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Magaziner, Seth, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought 657131.26				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022	
Mailing Address 2001 K St NW				Amount 6200.00	
City Washington		State DC	Zip Code 20006	Transaction ID : SE.244 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2022	
Purpose of Expenditure Text Messages			Category/ Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Cuellar, Henry, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 1371729.42				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				38662.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date MM / DD / YYYY 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1307 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 22 / 2022 </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 4300.00 </div> Transaction ID : SE.245 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 22 / 2022 </div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 004 </div>		
Name of Federal Candidate: Engel, Kirsten, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 606477.83 </div>				

Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 59150.00 </div> Transaction ID : SE.246 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 22 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 004 </div>		
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 2046460.85 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 63450.00
(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.

Crosby, Caleb, , ,

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Date

 MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1308 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
City Washington		State DC	Amount 5000.00		
Zip Code 20006		Transaction ID : SE.247			
Purpose of Expenditure Text Messages		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022	
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 27			<input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 729072.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Targeted Victory LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2311 Wilson Blvd Suite 200			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
City Arlington		State VA	Amount 50000.00		
Zip Code 22201		Transaction ID : SE.248			
Purpose of Expenditure Digital Placement		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022	
Name of Federal Candidate: Garcia, Michael, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 27			<input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 779072.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			55000.00		
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1309 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Mailing Address 2311 Wilson Blvd Suite 200				Amount 50000.00	
City Arlington		State VA		Zip Code 22201	
Purpose of Expenditure Digital Placement				Category/Type 004	
Name of Federal Candidate: Steel, Michelle, , ,				Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: 45 State: CA	
Calendar Year-To-Date Per Election for Office Sought 1174006.87				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item PRIME Media Partners, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2022	
Mailing Address 4201 Wilson Blvd. #110-126				Amount 13000.00	
City Arlington		State VA		Zip Code 22203	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: Levin, Mike, , ,				Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: 49 State: CA	
Calendar Year-To-Date Per Election for Office Sought 1033387.54				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				63000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1310 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item WestGate Strategies				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 51				Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">12250.00</div>	
City Mount Vernon		State VA		Zip Code 22121	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Hayes, Jahana, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">1507616.02</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item WestGate Strategies				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 51				Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">11628.09</div>	
City Mount Vernon		State VA		Zip Code 22121	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Hayes, Jahana, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">1826369.58</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">23878.09</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1311 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
City New Albany		State OH	Zip Code 43504		Amount 176540.00
Purpose of Expenditure Media Placement			Category/Type 004		Transaction ID : SE.253 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022
Name of Federal Candidate: Sorensen, Eric, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			880002.91 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022		
City Washington		State DC	Zip Code 20006		Amount 5750.00
Purpose of Expenditure Text Messages			Category/Type 004		Transaction ID : SE.254 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022
Name of Federal Candidate: Sorensen, Eric, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			924642.91 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				182290.00	
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1312 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee Targeted Victory LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2022
Mailing Address 2311 Wilson Blvd Suite 200			City State Zip Code Arlington VA 22201		Amount 50000.00
Purpose of Expenditure Digital Placement			Category/Type 004		Transaction ID : SE.255 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022
Name of Federal Candidate: Green, Jennifer-Ruth, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: IN
Calendar Year-To-Date Per Election for Office Sought			2177568.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022
Mailing Address PO Box 1051			City State Zip Code New Albany OH 43054		Amount 600.00
Purpose of Expenditure Digital Production			Category/Type 004		Transaction ID : SE.256 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022
Name of Federal Candidate: Davids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: KS
Calendar Year-To-Date Per Election for Office Sought			1097352.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					50600.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1313 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Hereford Agency <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address 5301 Burke Dr		Amount 13000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.257
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022
Name of Federal Candidate: Golden, Jared, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought 2610936.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2022	
Mailing Address PO Box 1051		Amount 750.00	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.258
Purpose of Expenditure Digital Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022
Name of Federal Candidate: Golden, Jared, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought 2611686.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		13750.00	
(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.			
Crosby, Caleb, , , Signature		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1314 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
City New Albany		State OH	Zip Code 43504		Amount 99672.30
Purpose of Expenditure Media Placement			Category/Type 004		Transaction ID : SE.259 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022
Name of Federal Candidate: Gibbs, John, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 844496.82			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Hereford Agency			<input type="checkbox"/> Memo Item		
Mailing Address 5301 Burke Dr			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2022		
City Alexandria		State VA	Zip Code 22309		Amount 13000.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.260 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022
Name of Federal Candidate: Kildee, Daniel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 769457.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				112672.30	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1315 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 143801.25		
Purpose of Expenditure Media Placement		Category/ Type 004	Transaction ID : SE.261 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
Name of Federal Candidate: Kildee, Daniel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought 1116383.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Elephant Strategy LLC			<input type="checkbox"/> Memo Item		
Mailing Address 25475 Marsh Landing Pkwy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022		
City Ponte Vedra Beach	State FL	Zip Code 32082	Amount 20360.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.262 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
Name of Federal Candidate: Craig, Angela, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought 2014895.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			164161.25		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1316 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 24 / 2022 </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 5300.00 </div> Transaction ID : SE.263 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 22 / 2022 </div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Craig, Angela, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 2020195.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item On Message, Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 22 / 2022 </div>	
Mailing Address 817 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 13000.00 </div> Transaction ID : SE.264 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 22 / 2022 </div>	
City Alexandria	State VA	Zip Code 22314		
Purpose of Expenditure Media Production		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Pappas, Chris, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 1855844.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	18300.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1317 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2022
Mailing Address 2001 K St NW					Amount 4100.00
City Washington		State DC	Zip Code 20006	Transaction ID : SE.265	
Purpose of Expenditure Text Messages			Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022	
Name of Federal Candidate: Pappas, Chris, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			1859944.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 815 Slaters Lane					Amount 234325.59
City Alexandria		State VA	Zip Code 22314	Transaction ID : SE.266	
Purpose of Expenditure Media Placement			Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022	
Name of Federal Candidate: Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			1141398.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				238425.59	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1318 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 2001 K St NW			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">5500.00</div>
City Washington	State DC	Zip Code 20006	Transaction ID : SE.267 Date of Disbursement or Obligation		
Purpose of Expenditure Text Messages			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: Titus, Dina, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">408657.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee WestGate Strategies			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address PO Box 51			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">11753.70</div>
City Mount Vernon	State VA	Zip Code 22121	Transaction ID : SE.268 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">409588.39</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					<div style="border: 1px solid black; padding: 2px; text-align: right;">17253.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures					<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1319 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="text-align: center;">MM / DD / YYYY</div> <div style="text-align: center;">09 / 22 / 2022</div>	
Mailing Address 2001 K St NW				Amount <div style="text-align: center;">5250.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Conole, Francis, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 910120.60				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="text-align: center;">MM / DD / YYYY</div> <div style="text-align: center;">09 / 22 / 2022</div>	
Mailing Address 2001 K St NW				Amount <div style="text-align: center;">6200.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Sykes, Emilia, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 1747376.84				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="text-align: right;">11450.00</div>	
(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.					
Crosby, Caleb, , , [Electronically Filed] Signature				Date MM / DD / YYYY <div style="text-align: center;">10 / 15 / 2022</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1320 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y											
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022							
Mailing Address PO Box 1051				Amount 900.00							
City New Albany		State OH		Zip Code 43054							
Purpose of Expenditure Digital Production				Category/Type 004							
Name of Federal Candidate: Sykes, Emilia, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH							
Calendar Year-To-Date Per Election for Office Sought 1748276.84				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item DMM Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022							
Mailing Address 8588 Richmond Highway Ste 90546				Amount 13000.00							
City Alexandria		State VA		Zip Code 22309							
Purpose of Expenditure Media Production				Category/Type 004							
Name of Federal Candidate: McLeod-Skinner, Jamie, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR							
Calendar Year-To-Date Per Election for Office Sought 1704298.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ 13900.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 13900.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ 	(c) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 13900.00										
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ 										
(c) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1321 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Red Eagle Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address 815 Slaters Lane			Amount 241813.95		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.273		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022		
Name of Federal Candidate: Cartwright, Matt, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 1713030.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2022		
Mailing Address PO Box 1051			Amount 900.00		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.274		
Purpose of Expenditure Digital Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022		
Name of Federal Candidate: Deluzio, Christopher, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 1666429.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			242713.95		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1322 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee POOLHOUSE Agency, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Mailing Address 23 W. Broad Street Suite 302			Amount 38000.00		
City Richmond	State VA	Zip Code 23220	Transaction ID : SE.275 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
Purpose of Expenditure Media Production		Category/ Type 004			
Name of Federal Candidate: Magaziner, Seth, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought 695131.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Targeted Victory LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
Mailing Address 2311 Wilson Blvd Suite 200			Amount 50000.00		
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.276 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
Purpose of Expenditure Digital Placement		Category/ Type 004			
Name of Federal Candidate: Garcia, Cassandra, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 1421729.42			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			88000.00		
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1323 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2022							
Mailing Address 2311 Wilson Blvd Suite 200				Amount 50000.00							
City Arlington		State VA		Zip Code 22201							
Purpose of Expenditure Digital Placement				Transaction ID : SE.277 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022							
Name of Federal Candidate: Flores, Mayra, , ,				<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>34</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>							
Calendar Year-To-Date Per Election for Office Sought 1370017.41				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item On Message, Inc				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2022							
Mailing Address 817 Slaters Lane				Amount 13000.00							
City Alexandria		State VA		Zip Code 22314							
Purpose of Expenditure Media Production				Transaction ID : SE.278 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022							
Name of Federal Candidate: Gonzalez, Vicente, , ,				<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>34</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>							
Calendar Year-To-Date Per Election for Office Sought 1383017.41				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">▶ 63000.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 63000.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ 	(c) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 63000.00										
(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.											
Crosby, Caleb, , , Signature				Date MM / DD / YYYY 10 / 15 / 2022							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1324 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2022	
Mailing Address 2001 K St NW		Amount 4800.00	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.279
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022
Name of Federal Candidate: Gonzalez, Vicente, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 1387817.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Red Eagle Media Group <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address 815 Slaters Lane		Amount 348263.61	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.280
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2022
Name of Federal Candidate: Luria, Elaine, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 2269751.68		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		353063.61	
(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.			
Crosby, Caleb, , , Signature		Date MM / DD / YYYY 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1325 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City New Albany		State OH	Amount 235872.00		
Zip Code 43504		Transaction ID : SE.281			
Purpose of Expenditure Media Placement		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022	
Name of Federal Candidate: Engel, Kirsten, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			842349.83 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2022		
City Alexandria		State VA	Amount 13000.00		
Zip Code 22314		Transaction ID : SE.282			
Purpose of Expenditure Media Production		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022	
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			1072915.10 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			248872.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			Date MM / DD / YYYY 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1326 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2022		
Mailing Address 2001 K St NW			Amount 3200.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.283		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 13 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 1076115.10			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 547301.30		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.284		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 13 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 1636416.40			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			550501.30		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1327 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PRIME Media Partners, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4201 Wilson Blvd. #110-126			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Arlington	State VA	Zip Code 22203		
Purpose of Expenditure Media Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2072460.85</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Text Messages		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2075460.85</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	16000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1328 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee PRIME Media Partners, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Mailing Address 4201 Wilson Blvd. #110-126			Amount 3000.00		
City Arlington	State VA	Zip Code 22203	Transaction ID : SE.287 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Purpose of Expenditure Digital Production		Category/ Type 004			
Name of Federal Candidate: Smith, Christy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 782072.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 157117.06		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.288 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Smith, Christy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 962147.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			160117.06		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1329 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">126529.59</div>	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Mahmood, Asif, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">354242.44</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">75000.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Mahmood, Asif, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">429242.44</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">201529.59</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1330 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address PO Box 1051			Amount 259457.48		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.291		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Name of Federal Candidate: Chen, Jay, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>45</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 1474695.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address PO Box 1051			Amount 184932.39		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.292		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Name of Federal Candidate: Porter, Katie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>47</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought 1020849.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	444389.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1331 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 28 / 2022 </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 444248.35 </div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.293 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 23 / 2022 </div>		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Levin, Mike, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1477635.89 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 28 / 2022 </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 554021.65 </div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.294 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 23 / 2022 </div>		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Caraveo, Yadira, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2259722.27 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 998270.00 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 998270.00 </div>		
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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022 	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1332 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 75000.00 </div> Transaction ID : SE.295 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
City New Albany	State OH	Zip Code 43054		
Purpose of Expenditure Digital Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Caraveo, Yadira, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 2334722.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 229843.25 </div> Transaction ID : SE.296 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Hayes, Jahana, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought 1759185.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	304843.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1333 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 196732.90 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.297 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
Name of Federal Candidate: Bohannon, Christina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 559467.40 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 186290.65 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.298 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
Name of Federal Candidate: Mathis, Liz, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 765833.77 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	383023.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1334 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">177399.95</div>	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Axne, Cindy, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">434426.95</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">30000.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Axne, Cindy, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">464426.95</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">207399.95</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
<i>[Electronically Filed]</i>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1335 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee KAP Print LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Mailing Address 220 Quinn Drive		Amount 38890.00	
City Dripping Springs	State TX	Zip Code 78620	Transaction ID : SE.301
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022
Name of Federal Candidate: Sorensen, Eric, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 918892.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022	
Mailing Address PO Box 1051		Amount 750.00	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.302
Purpose of Expenditure Digital Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022
Name of Federal Candidate: Sorensen, Eric, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u> <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 925392.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		39640.00	
(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.			
Crosby, Caleb, , , Signature		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1336 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee KAP Print LLC			<input type="checkbox"/> Memo Item		
Mailing Address 220 Quinn Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
City Dripping Springs		State TX	Zip Code 78620		Amount 38890.00
Purpose of Expenditure Direct Mail			Category/Type 004		Transaction ID : SE.303 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022
Name of Federal Candidate: Sorensen, Eric, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought			977282.91		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City New Albany		State OH	Zip Code 43054		Amount 45000.00
Purpose of Expenditure Digital Placement			Category/Type 004		Transaction ID : SE.304 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022
Name of Federal Candidate: Sorensen, Eric, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought			1022282.91		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures					83890.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1337 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Mailing Address 23150 Fashion Dr Ste 231				Amount 53778.60	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 2697416.24				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address PO Box 1051				Amount 90000.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 2841194.84				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				143778.60	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1338 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City New Albany	State OH	Zip Code 43504	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">346559.85</div>		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE.307 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Dauids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1443912.28</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City New Albany	State OH	Zip Code 43054	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">43000.00</div>		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE.308 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Dauids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1486912.28</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">389559.85</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1339 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1051				Amount <input type="text"/>	
City New Albany	State OH	Zip Code 43504		Transaction ID : SE.309	
Purpose of Expenditure Media Placement		Category/ Type	<input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Golden, Jared, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO Box 1051				Amount <input type="text"/>	
City New Albany	State OH	Zip Code 43054		Transaction ID : SE.310	
Purpose of Expenditure Digital Placement		Category/ Type	<input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Golden, Jared, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <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.

Crosby, Caleb, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1340 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>23</div> <div>2022</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.311 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>23</div> <div>2022</div> </div>		
Purpose of Expenditure Digital Placement			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Gibbs, John, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">854496.82</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>28</div> <div>2022</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">271056.24</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.312 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>23</div> <div>2022</div> </div>		
Purpose of Expenditure Media Placement			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Scholten, Hillary, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1125853.06</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
(a) SUBTOTAL of Itemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">281056.24</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>15</div> <div>2022</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1341 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 116166.96		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.313 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Name of Federal Candidate: Gibbs, John, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: MI		
Calendar Year-To-Date Per Election for Office Sought 1242020.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 42000.00		
Purpose of Expenditure Digital Placement		Category/Type 004	Transaction ID : SE.314 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
Name of Federal Candidate: Scholten, Hillary, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: MI		
Calendar Year-To-Date Per Election for Office Sought 1284020.02			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			158166.96		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1342 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">57491.53</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.315 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Kistner, Tyler, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2077687.04</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">517423.73</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.316 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Craig, Angela, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2595110.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	574915.26
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1343 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">176608.25</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.317 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Vargas, Anthony, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">872110.28</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">884975.00</div>	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.318 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Pappas, Chris, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2744919.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1061583.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1344 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee POOLHOUSE Agency, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 23 W. Broad Street Suite 302			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2022		
City Richmond	State VA	Zip Code 23220	Amount 13000.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.319 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Vasquez, Gabriel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM		
Calendar Year-To-Date Per Election for Office Sought 974443.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2022		
City Washington	State DC	Zip Code 20006	Amount 3700.00		
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.320 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Vasquez, Gabriel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM		
Calendar Year-To-Date Per Election for Office Sought 978143.32			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			16700.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1345 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>28</div> <div>2022</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">316169.47</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.321 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>23</div> <div>2022</div> </div>		
Purpose of Expenditure Media Placement		Category/ Type 004	Name of Federal Candidate: <input type="checkbox"/> Support Vasquez, Gabriel, , , <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1294312.79</div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			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 FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>28</div> <div>2022</div> </div>		
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">861101.15</div>		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.322 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>23</div> <div>2022</div> </div>		
Purpose of Expenditure Media Placement		Category/ Type 004	Name of Federal Candidate: <input type="checkbox"/> Support Titus, Dina, , , <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1269758.70</div>	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">1177270.62</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>15</div> <div>2022</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1346 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1139861.45 </div> Transaction ID : SE.323 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Lee, Susie, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 2875735.89 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 199509.20 </div> Transaction ID : SE.324 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Maloney, Sean, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 17 State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 832355.07 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1339370.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1347 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>	
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 2001 K St NW					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>
City New Albany		State OH	Zip Code 43054		Amount 75000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.325 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>
Name of Federal Candidate: Maloney, Sean, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought			907355.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee PRIME Media Partners, LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 4201 Wilson Blvd. #110-126					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>
City Arlington		State VA	Zip Code 22203		Amount 3000.00
Purpose of Expenditure Digital Production			Category/ Type 004		Transaction ID : SE.326 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>
Name of Federal Candidate: Ryan, Patrick, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought			857281.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures ▶					78000.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1348 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">159163.55</div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Ryan, Patrick, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1016444.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65000.00</div>	
City New Albany	State OH	Zip Code 43054		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Ryan, Patrick, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1081444.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	224163.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

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15

2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1349 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City New Albany	State OH	Zip Code 43504	Amount 313980.94		
Purpose of Expenditure Media Placement		Category/Type 004	Transaction ID : SE.329 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 818688.73			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 75000.00		
Purpose of Expenditure Digital Placement		Category/Type 004	Transaction ID : SE.330 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 893688.73			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			388980.94		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1350 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 380129.75		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.331		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Conole, Francis, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 1290250.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 500454.50		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.332		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Sykes, Emilia, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 2248731.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			880584.25		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1351 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 50000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.333 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Sykes, Emilia, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 2298731.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2022		
City Washington	State DC	Zip Code 20006	Amount 7900.00		
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.334 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: McLeod-Skinner, Jamie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>		
Calendar Year-To-Date Per Election for Office Sought 1712198.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			57900.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1352 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>		
Mailing Address PO Box 1051					
City New Albany	State OH	Zip Code 43504	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">408467.15</div>		
Purpose of Expenditure Media Placement			Category/ Type 004	Transaction ID : SE.335 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
Name of Federal Candidate: McLeod-Skinner, Jamie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2120665.92			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			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 FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 28 / 2022 </div>		
Mailing Address PO Box 1051					
City New Albany	State OH	Zip Code 43504	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">743333.50</div>		
Purpose of Expenditure Media Placement			Category/ Type 004	Transaction ID : SE.336 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 23 / 2022 </div>	
Name of Federal Candidate: Wild, Susan, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1533699.80			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1151800.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1353 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">450463.65</div>	
City New Albany	State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE.337 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Deluzio, Christopher, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2116893.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75000.00</div>	
City New Albany	State OH	Zip Code 43054		
Purpose of Expenditure Digital Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE.338 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Deluzio, Christopher, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2191893.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	525463.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1354 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City New Albany		State OH	Zip Code 43504	Amount 246837.50	
Purpose of Expenditure Media Placement			Category/ Type 004	Transaction ID : SE.339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Name of Federal Candidate: Magaziner, Seth, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>	
Calendar Year-To-Date Per Election for Office Sought			941968.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City New Albany		State OH	Zip Code 43504	Amount 475254.78	
Purpose of Expenditure Media Placement			Category/ Type 004	Transaction ID : SE.340 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Name of Federal Candidate: Cuellar, Henry, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>28</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			1899984.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				722092.28	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1355 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address PO Box 1051				Amount 65000.00	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Category/Type 004	
Name of Federal Candidate: Cuellar, Henry, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 1964984.20				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address PO Box 1051				Amount 24870.30	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Category/Type 004	
Name of Federal Candidate: Gonzalez, Vicente, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 1425687.71				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				89870.30	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1356 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City New Albany		State OH	Zip Code 43504		
Purpose of Expenditure Media Placement		Category/ Type		Amount 355013.75	
		004		Transaction ID : SE.343 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Name of Federal Candidate: Gonzalez, Vicente, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
1780701.46					
Full Name of Payee Something Else Strategies, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 212 Golden Willow Court			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 22 / 2022		
City Easley		State SC	Zip Code 29642		
Purpose of Expenditure Media Production		Category/ Type		Amount 13000.00	
		004		Transaction ID : SE.344 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2022	
Name of Federal Candidate: Luria, Elaine, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
1915788.07					
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 368013.75		
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1357 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2022		
City Washington		State DC	Amount 5700.00		
Zip Code 20006		Purpose of Expenditure Text Messages		Category/Type 004	
Name of Federal Candidate: Luria, Elaine, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			1921488.07		
Office Sought: <input checked="" type="checkbox"/> House District: 02			<input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Other (specify) ▶		
Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022			Transaction ID : SE.345		
Full Name of Payee KAP Print LLC			<input type="checkbox"/> Memo Item		
Mailing Address 220 Quinn Drive			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022		
City Dripping Springs		State TX	Amount 33363.87		
Zip Code 78620		Purpose of Expenditure Direct Mail		Category/Type 004	
Name of Federal Candidate: Luria, Elaine, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			2378115.55		
Office Sought: <input checked="" type="checkbox"/> House District: 02			<input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Other (specify) ▶		
Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022			Transaction ID : SE.346		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="text-align: right;"> 39063.87 </div> </div>					
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 <u>Crosby, Caleb, , ,</u>			Date MM / DD / YYYY 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1358 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 453389.30		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.347		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Schrier, Kim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought 2805662.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 88452.00		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.348		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2022		
Name of Federal Candidate: Pfaff, Brad, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought 399126.18			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			541841.30		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1359 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 300.00		
Purpose of Expenditure Digital Production		Category/Type 004	Transaction ID : SE.349 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2022		
Name of Federal Candidate: Gibbs, John, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: MI		
Calendar Year-To-Date Per Election for Office Sought			854796.82 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 75000.00		
Purpose of Expenditure Digital Placement		Category/Type 004	Transaction ID : SE.350 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Name of Federal Candidate: Gray, Adam, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 13 State: CA		
Calendar Year-To-Date Per Election for Office Sought			1711416.40 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			75300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1360 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee PRIME Media Partners, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2022		
Mailing Address 4201 Wilson Blvd. #110-126			Amount 13000.00		
City Arlington	State VA	Zip Code 22203	Transaction ID : SE.351 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Purpose of Expenditure Media Production		Category/ Type 004			
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2059460.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Swing Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 925 University Ave			Amount 8311.39		
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.352 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Purpose of Expenditure Direct Mail		Category/ Type 004			
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2083772.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			21311.39		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1361 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Swing Strategies			<input type="checkbox"/> Memo Item		
Mailing Address 925 University Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Sacramento	State CA	Zip Code 95825	Amount 8311.40		
Purpose of Expenditure Direct Mail		Category/ Type 004	Transaction ID : SE.353 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Name of Federal Candidate: Valadao, David, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>22</u> State: <u>CA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 2092083.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 70000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.354 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Name of Federal Candidate: Salas, Rudy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>22</u> State: <u>CA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 2162083.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			78311.40		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1362 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 815 Slaters Lane			Amount 73000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.355 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Purpose of Expenditure Digital Placement		Category/ Type 004			
Name of Federal Candidate: Smith, Christy, , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 27 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 1035147.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 1634 Eye Street NW			Amount 75000.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.356 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
Purpose of Expenditure Digital Placement		Category/ Type 004			
Name of Federal Candidate: Porter, Katherine, , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 47 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 1095849.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			148000.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1363 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria		State VA	Zip Code 22314		
Purpose of Expenditure Digital Placement		Category/ Type 004		Amount 75000.00	
Name of Federal Candidate: Levin, Mike, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1552635.89			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Salt Lake City		State UT	Zip Code 84106		
Purpose of Expenditure Digital Placement		Category/ Type 004		Amount 50000.00	
Name of Federal Candidate: Bohannon, Christina, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 609467.40			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			125000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u> _____			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1364 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1260 Stringham Ave #350					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Salt Lake City		State UT	Zip Code 84106		Amount 30000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.359 Date of Disbursement or Obligation
Name of Federal Candidate: Mathis, Liz, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			795833.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Red Elephant Strategy LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 25475 Marsh Landing Pkwy					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Ponte Vedra Beach		State FL	Zip Code 32082		Amount 13000.00
Purpose of Expenditure Media Production			Category/ Type 004		Transaction ID : SE.360 Date of Disbursement or Obligation
Name of Federal Candidate: Sorensen, Eric, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought			938392.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures ▶					43000.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1365 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee DMM Media			<input type="checkbox"/> Memo Item		
Mailing Address 8588 Richmond Highway Ste 90546			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria		State VA	Zip Code 22309		Amount 13000.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.361 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022
Name of Federal Candidate: Davids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			1499912.28 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 13000.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.362 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022
Name of Federal Candidate: Slotkin, Elissa, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			1020870.70 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				26000.00	
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1366 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave #350			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Salt Lake City		State UT	Zip Code 84106		Amount 37000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.363 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022
Name of Federal Candidate: Slotkin, Elissa, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought			1057870.70 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria		State VA	Zip Code 22314		Amount 55000.00
Purpose of Expenditure Digital Placement			Category/ Type 004		Transaction ID : SE.364 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2022
Name of Federal Candidate: Kildee, Daniel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought			1171383.30 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				92000.00	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1367 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City Washington	State DC	Zip Code 20006	Amount 36000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.365 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Kistner, Tyler, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought 2631110.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City Washington	State DC	Zip Code 20006	Amount 36000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.366 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Craig, Angela, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought 2667110.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			72000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1368 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee KAP Print LLC			<input type="checkbox"/> Memo Item		
Mailing Address 220 Quinn Drive			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City Dripping Springs	State TX	Zip Code 78620	Amount 27493.75		
Purpose of Expenditure Direct Mail		Category/ Type 004	Transaction ID : SE.367 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Craig, Angela, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 2694604.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Eagle Media Group			<input type="checkbox"/> Memo Item		
Mailing Address 815 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 75000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.368 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought 1216398.91			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			102493.75		
(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.					
Crosby, Caleb, , , Signature			Date MM / DD / YYYY 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1369 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City Washington	State DC	Zip Code 20006	Amount 50000.00		
Purpose of Expenditure Digital Placement		Category/ Type 004	Transaction ID : SE.369 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Vasquez, Gabriel, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>		
Calendar Year-To-Date Per Election for Office Sought 1344312.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patchwork Creative			<input type="checkbox"/> Memo Item		
Mailing Address 1320 N Courthouse Rd. Suite 130			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
City Arlington	State VA	Zip Code 22201	Amount 13000.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.370 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Lee, Susie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 2888735.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			63000.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1370 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Red Eagle Media Group <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address 815 Slaters Lane		Amount 50000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.371
Purpose of Expenditure Digital Placement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022
Name of Federal Candidate: Conole, Francis, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 1340250.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee DMM Media <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2022	
Mailing Address 8588 Richmond Highway Ste 90546		Amount 13000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.372
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022
Name of Federal Candidate: Conole, Francis, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 1353250.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		63000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Crosby, Caleb, , ,		Date 10 / 15 / 2022	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1371 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	
Full Name of Payee Cavalry LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 1634 Eye Street NW					Amount 66000.00
City Washington		State DC	Zip Code 20006	Transaction ID : SE.373	
Purpose of Expenditure Digital Placement			Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022	
Name of Federal Candidate: McLeod-Skinner, Jamie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought			2186665.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022
Mailing Address 1260 Stringham Ave #350					Amount 65000.00
City Salt Lake City		State UT	Zip Code 84106	Transaction ID : SE.374	
Purpose of Expenditure Digital Placement			Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022	
Name of Federal Candidate: Wild, Susan, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			1598699.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				131000.00	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]	Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1372 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Red Maverick Media LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1426 N 3rd St Suite 310			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">13000.00</div>	
City Harrisburg	State PA	Zip Code 17102		
Purpose of Expenditure Media Production		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Cartwright, Matthew, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 1471217.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Cavalry LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1634 Eye Street NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">50000.00</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Digital Placement		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Magaziner, Seth, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought 991968.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	63000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1373 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item On Message, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 817 Slaters Lane				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.377 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Media production		Category/Type 004	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Cuellar, Henry, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 28 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1424729.42</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Red Eagle Media Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 815 Slaters Lane				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65000.00</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.378 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Placement		Category/Type 004	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Gonzalez, Vicente, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 34 State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1845701.46</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">68000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <u>Crosby, Caleb, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1374 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY					
Full Name of Payee Red Eagle Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address 815 Slaters Lane			Amount 75000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.379		
Purpose of Expenditure Digital Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Luria, Elaine, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 2344751.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ascent Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2022		
Mailing Address 7600 E. Eastman Avenue Suite 405			Amount 13000.00		
City Denver	State CO	Zip Code 80231	Transaction ID : SE.380		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2022		
Name of Federal Candidate: Schrier, Kim, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought 2352273.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			88000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1375 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 23150 Fashion Dr Ste 231				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53778.60</div>	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Mrvan, Frank, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2751194.84</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 23150 Fashion Dr Ste 231				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53604.03</div>	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Maloney, Sean, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">632845.87</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">107382.63</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>10</div> <div>15</div> <div>2022</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1376 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 30 2022 </div>	
Mailing Address 23150 Fashion Dr Ste 231				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 53604.03 </div>	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Maloney, Sean, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 960959.10				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Big Dog Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 26 2022 </div>	
Mailing Address 23150 Fashion Dr Ste 231				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 42269.40 </div>	
City Estero		State FL		Zip Code 33928	
Purpose of Expenditure Direct Mail				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Riley, Josh, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 504707.79				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; margin-bottom: 10px;"> 95873.43 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u> [Electronically Filed]				Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"> 10 15 2022 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1377 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Big Dog Strategies, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 23150 Fashion Dr Ste 231			Amount 42269.40		
City Estero		State FL	Zip Code 33928		Transaction ID : SE.385
Purpose of Expenditure Direct Mail		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2022	
Name of Federal Candidate: Riley, Josh, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee OnMessage, Inc			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2022		
Mailing Address 817 Slaters Lane			Amount 13000.00		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.386
Purpose of Expenditure Media Production		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Name of Federal Candidate: Gray, Adam, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			55269.40		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1378 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 2001 K St NW			Amount 3600.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.387		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Gray, Adam, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 40334.75		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.388		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Salas, Rudy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			406934.75		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1379 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022	
Mailing Address 925 University Ave			Amount 16622.79	
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.389	
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022	
Name of Federal Candidate: Salas, Rudy, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 2582041.18			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Strategic Partners & Media, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2022	
Mailing Address 1851A McGuckian Street			Amount 3000.00	
City Annapolis	State MD	Zip Code 21401	Transaction ID : SE.390	
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022	
Name of Federal Candidate: Chen, Jay, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 1215238.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			19622.79	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Crosby, Caleb, , ,</u> [Electronically Filed]			Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1380 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 28 / 2022	
Mailing Address 2001 K St NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5400.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.391 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 28 / 2022
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Levin, Mike, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1558035.89</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Red Elephant Strategy LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 27 / 2022	
Mailing Address 25475 Marsh Landing Pkwy		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13000.00</div>	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.392 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 28 / 2022
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Caraveo, Yadira, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1705100.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">18400.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 Crosby, Caleb, , , <div style="border-bottom: 1px solid black; width: 100%;"></div>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 15 / 2022	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1381 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 600.00		
Purpose of Expenditure Digital Production		Category/ Type 004	Transaction ID : SE.393 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Caraveo, Yadira, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 1705700.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Washington	State DC	Zip Code 20006	Amount 8500.00		
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.394 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Caraveo, Yadira, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 2343222.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			9100.00		
(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.					
Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1382 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 29 / 2022 </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 7000.00 </div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: Bohannon, Christina, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 616467.40				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 29 / 2022 </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 6600.00 </div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: Mathis, Liz, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 802433.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 13600.00 </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u> [Electronically Filed]				Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"> 10 / 15 / 2022 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1383 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Johnson Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2022		
Mailing Address 4612 Dusik Lane			Amount 13000.00		
City Austin	State TX	Zip Code 78746	Transaction ID : SE.397		
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Axne, Cindy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2022		
Mailing Address 2001 K St NW			Amount 7500.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.398		
Purpose of Expenditure Text Messages		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Axne, Cindy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1384 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address PO Box 1051		Amount 477386.00	
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.399
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022
Name of Federal Candidate: Sorensen, Eric, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought 1499668.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address PO Box 1051		Amount 20000.00	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.400
Purpose of Expenditure Digital Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022
Name of Federal Candidate: Sorensen, Eric, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought 1519668.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		497386.00	
(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.			
Crosby, Caleb, , , Signature		Date MM / DD / YYYY 10 / 15 / 2022	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1385 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Production				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Mrvan, Frank, , , <div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2841794.84</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6750.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Mrvan, Frank, , , <div style="display: flex; justify-content: flex-end; align-items: center;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2848544.84</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">7350.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1386 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 1051					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
City New Albany		State OH	Zip Code 43504	Amount 385774.48	
Purpose of Expenditure Media Placement			Category/Type 004		Transaction ID : SE.403 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: Mrvan, Frank, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought			3349819.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 1051					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
City New Albany		State OH	Zip Code 43054	Amount 450.00	
Purpose of Expenditure Digital Production			Category/Type 004		Transaction ID : SE.404 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Name of Federal Candidate: Dauids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			1500362.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				386224.48	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>			[Electronically Filed]		Date 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1387 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 2001 K St NW			Amount 6250.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.405		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Davids, Sharice, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 1506612.28			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2022		
Mailing Address 2001 K St NW			Amount 3600.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.406		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Golden, Jared, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought 3036299.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			9850.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1388 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City New Albany		State OH		Zip Code 43054	
Purpose of Expenditure Digital Placement				Transaction ID : SE.407 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Gibbs, John, , ,				Category/Type 004	
Name of Federal Candidate: Gibbs, John, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: MI	
Calendar Year-To-Date Per Election for Office Sought 1294020.02				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5750.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Transaction ID : SE.408 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Scholten, Hillary, , ,				Category/Type 004	
Name of Federal Candidate: Scholten, Hillary, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: MI	
Calendar Year-To-Date Per Election for Office Sought 1299770.02				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">15750.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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 <u>Crosby, Caleb, , ,</u>				Date 10 / 15 / 2022	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1389 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Mailing Address PO Box 1051				Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">908583.13</div>	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Transaction ID : SE.409 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Name of Federal Candidate: Slotkin, Elissa, ,				Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1966453.83</div>				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 RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">7700.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Transaction ID : SE.410 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Name of Federal Candidate: Slotkin, Elissa, ,				Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1974153.83</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">916283.13</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1390 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
Mailing Address 2001 K St NW			Amount 7000.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.411 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Purpose of Expenditure Text Messages		Category/ Type 004			
Name of Federal Candidate: Kildee, Daniel, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 1178383.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee FlexPoint Media INC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 75245.17		
City New Albany	State OH	Zip Code 43504	Transaction ID : SE.412 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Purpose of Expenditure Media Placement		Category/ Type 004			
Name of Federal Candidate: Marlinga, Carl, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought 1428321.81			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			82245.17		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not 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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1391 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Red Elephant Strategy LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2022	
Mailing Address 25475 Marsh Landing Pkwy		Amount 13000.00	
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.413
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022
Name of Federal Candidate: Craig, Angela, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 2707604.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Something Else Strategies, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 212 Golden Willow Court		Amount 13000.00	
City Easley	State SC	Zip Code 29642	Transaction ID : SE.414
Purpose of Expenditure Media Production		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022
Name of Federal Candidate: Vargas, Anthony, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 926110.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		26000.00	
(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.			
Crosby, Caleb, , , Signature		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1392 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 1260 Stringham Ave #350				Amount 14000.00	
City Salt Lake City		State UT		Zip Code 84106	
Purpose of Expenditure Digital Placement				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Vargas, Anthony, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 940110.28				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 2001 K St NW				Amount 4500.00	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Vargas, Anthony, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 944610.28				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶				18500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶					
(c) TOTAL Independent Expenditures ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1393 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item OnMessage, Inc				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 817 Slaters Lane				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Alexandria		State VA		Zip Code 22314	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Pappas, Chris, ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2826919.25</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2001 K St NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4250.00</div>	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Pappas, Chris, ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2831169.25</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">17250.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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 <u>Crosby, Caleb, ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2022</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1394 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Majority Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022		
Mailing Address PO BOX 679219			Amount 54414.64		
City Dallas	State TX	Zip Code 75267	Transaction ID : SE.419		
Purpose of Expenditure Direct Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Pappas, Chris, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Majority Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022		
Mailing Address PO BOX 679219			Amount 55717.76		
City Dallas	State TX	Zip Code 75267	Transaction ID : SE.420		
Purpose of Expenditure Direct Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Malinowski, Tom, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			110132.40		
(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.					
Crosby, Caleb, , , Signature			Date MM / DD / YYYY 10 / 15 / 2022		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1395 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Majority Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022		
Mailing Address PO BOX 679219			Amount 34093.92		
City Dallas	State TX	Zip Code 75267	Transaction ID : SE.421		
Purpose of Expenditure Direct Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Titus, Dina, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address 2001 K St NW			Amount 7500.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.422		
Purpose of Expenditure Text Messages		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Lee, Susie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			41593.92		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1396 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee WestGate Strategies			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 51			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022		
City Mount Vernon		State VA	Zip Code 22121		Amount 12118.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.423 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 948076.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022		
City Washington		State DC	Zip Code 20006		Amount 4250.00
Purpose of Expenditure Text Messages			Category/Type 004		Transaction ID : SE.424 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 952326.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				16368.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Crosby, Caleb, , ,			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1397 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022		
City Washington	State DC	Zip Code 20006	Amount 5600.00		
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.425 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Conole, Francis, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 1358850.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Honold Communications			<input type="checkbox"/> Memo Item		
Mailing Address 32 West Lake Street			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
City Skaneateles	State NY	Zip Code 13152	Amount 12997.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.426 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Sykes, Emilia, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 2311728.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			18597.00		
(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.					
Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1398 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee RumbleUp, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022	
Mailing Address 2001 K St NW		Amount 6800.00	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.427
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022
Name of Federal Candidate: Sykes, Emilia, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Cavalry LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address 1634 Eye Street NW		Amount 14000.00	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.428
Purpose of Expenditure Digital Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022
Name of Federal Candidate: Chavez-DeRemer, Lori, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		20800.00	
(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.			
Crosby, Caleb, , , Signature		[Electronically Filed] Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1399 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item FlexPoint Media INC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address PO Box 1051				Amount 176312.50	
City New Albany		State OH		Zip Code 43504	
Purpose of Expenditure Media Placement				Category/Type 004	
Name of Federal Candidate: Chavez-DeRemer, Lori, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 2376978.42				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item RumbleUp, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022	
Mailing Address 2001 K St NW				Amount 5600.00	
City Washington		State DC		Zip Code 20006	
Purpose of Expenditure Text Messages				Category/Type 004	
Name of Federal Candidate: Wild, Susan, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 1604299.80				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				181912.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1400 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Red Eagle Media Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 815 Slaters Lane			Amount 75000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.431		
Purpose of Expenditure Digital Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Cartwright, Matthew, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 1788030.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RumbleUp, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2022		
Mailing Address 2001 K St NW			Amount 7200.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SE.432		
Purpose of Expenditure Text Messages		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Name of Federal Candidate: Cartwright, Matthew, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 1808230.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			82200.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1401 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee OnMessage, Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address 817 Slaters Lane			Amount 13000.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.433		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Deluzio, Christopher, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 2204893.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022		
Mailing Address PO Box 1051			Amount 600.00		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.434		
Purpose of Expenditure Digital Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Deluzio, Christopher, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 2205493.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			13600.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1402 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 2001 K St NW					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Washington		State DC	Zip Code 20006		Amount 6400.00
Purpose of Expenditure Text Messages			Category/ Type 004		Transaction ID : SE.435 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: Deluzio, Christopher, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			2211893.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee FlexPoint Media INC			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address PO Box 1051					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City New Albany		State OH	Zip Code 43504		Amount 31850.00
Purpose of Expenditure Media Placement			Category/ Type 004		Transaction ID : SE.436 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: Magaziner, Seth, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought			1023818.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures ▶					38250.00
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1403 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee OnMessage, Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 817 Slaters Lane			Amount 13000.00 Transaction ID : SE.437 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
City Alexandria	State VA	Zip Code 22314		
Purpose of Expenditure Media Production		Category/Type 004		
Name of Federal Candidate: Cuellar, Henry, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 1977984.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee OnMessage, Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 817 Slaters Lane			Amount 13000.00 Transaction ID : SE.438 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
City Alexandria	State VA	Zip Code 22314		
Purpose of Expenditure Media Production		Category/Type 004		
Name of Federal Candidate: Cuellar, Henry, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 1990984.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	26000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1404 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee RumbleUp, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 2001 K St NW			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022		
City Washington	State DC	Zip Code 20006	Amount 6900.00		
Purpose of Expenditure Text Messages		Category/ Type 004	Transaction ID : SE.439 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Cuellar, Henry, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>28</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 1998334.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee OnMessage, Inc			<input type="checkbox"/> Memo Item		
Mailing Address 817 Slaters Lane			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2022		
City Alexandria	State VA	Zip Code 22314	Amount 13000.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.440 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2022		
Name of Federal Candidate: Gonzalez, Vicente, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>34</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 1400817.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			19900.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Crosby, Caleb, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 15 / 2022	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1405 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee RumbleUp, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 28 / 2022	
Mailing Address 2001 K St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5250.00</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE.441 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 28 / 2022	
Purpose of Expenditure Text Messages		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Schrier, Kim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2880912.81</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Swing Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 13 / 2022	
Mailing Address 925 University Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32206.85</div>	
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.442 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 09 / 28 / 2022	
Purpose of Expenditure Direct Mail		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Gray, Adam, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3144012.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">37456.85</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>				
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Crosby, Caleb, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2022</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1406 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Arena LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1260 Stringham Ave #350			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">375.00</div>	
City Salt Lake City	State UT	Zip Code 84106		
Purpose of Expenditure Digital Production		Category/ Type 004	Transaction ID : SE.443 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Hayes, Jahana, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Arena LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1260 Stringham Ave #350			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">375.00</div>	
City Salt Lake City	State UT	Zip Code 84106		
Purpose of Expenditure Digital Production		Category/ Type 004	Transaction ID : SE.444 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Logan, George, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	750.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1407 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Red Maverick Media LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1426 N 3rd St Suite 310				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13000.00</div>	
City Harrisburg		State PA		Zip Code 17102	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Bohannon, Christina, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">629467.40</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Outlaw Media, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3532 Goddard Way				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8163.00</div>	
City Alexandria		State VA		Zip Code 22304	
Purpose of Expenditure Media Production				Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Mathis, Liz, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">810596.77</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">21163.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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.					
Crosby, Caleb, , , Signature				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>10</div> <div>15</div> <div>2022</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1408 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Outlaw Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 3532 Goddard Way			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
City Alexandria	State VA	Zip Code 22304	Amount 13000.00		
Purpose of Expenditure Media Production		Category/ Type 004	Transaction ID : SE.447 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
Name of Federal Candidate: Mathis, Liz, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 823596.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022		
City New Albany	State OH	Zip Code 43054	Amount 675.00		
Purpose of Expenditure Digital Production		Category/ Type 004	Transaction ID : SE.448 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2022		
Name of Federal Candidate: Axne, Cindy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 485601.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			13675.00		
(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.					
Crosby, Caleb, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1409 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Hereford Agency <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 5301 Burke Dr		Amount 15500.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.449
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2022
Name of Federal Candidate: Mrvan, Frank, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 2864044.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Blitz Canvassing LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 7600 E Eastman Ave #405		Amount 50000.00	
City Denver	State CO	Zip Code 80231	Transaction ID : SE.450
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2022
Name of Federal Candidate: Green, Jennifer-Ruth, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 2914044.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		65500.00	
(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.			
Crosby, Caleb, , , Signature		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1410 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Blitz Canvassing LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 7600 E Eastman Ave #405				Amount 50000.00	
City Denver		State CO		Zip Code 80231	
Purpose of Expenditure Canvassing				Category/Type 004	
Name of Federal Candidate: Mrvan, Frank, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 2964044.84				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Outlaw Media, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022	
Mailing Address 3532 Goddard Way				Amount 13000.00	
City Alexandria		State VA		Zip Code 22304	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: Scholten, Hillary, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 1312770.02				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				63000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Crosby, Caleb, , ,</u>				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1411 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee Arena LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1260 Stringham Ave			Date of Public Distribution/Dissemination		
City State Zip Code Salt Lake City UT 84106			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Production			Amount		
Category/Type 004			<div style="border: 1px solid black; padding: 2px; text-align: right;">1950.00</div>		
Name of Federal Candidate: Vargas, Anthony, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">946560.28</div>					
Full Name of Payee Flexpoint Media Inc			<input type="checkbox"/> Memo Item		
Mailing Address PO Box 1051			Date of Public Distribution/Dissemination		
City State Zip Code New Albany OH 43054			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Production			Amount		
Category/Type 004			<div style="border: 1px solid black; padding: 2px; text-align: right;">675.00</div>		
Name of Federal Candidate: Riley, Josh, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">953001.13</div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">2625.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
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 <u>Crosby, Caleb, , ,</u>				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				<div style="border: 1px solid black; padding: 2px; text-align: right;">10 15 2022</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1412 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">40000.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.455 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Digital Placement			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Hoyle, Valerie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">40000.00</div>				

Full Name of Payee <input type="checkbox"/> Memo Item Flexpoint Media Inc			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">600.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.456 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Digital Production			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate: Hoyle, Valerie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">40600.00</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	40600.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1413 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee DMM Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 8588 Richmond Highway Ste 90546			Amount 10000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.457	
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Name of Federal Candidate: Chavez-DeRemer, Lori, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought 2386978.42			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DMM Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Mailing Address 8588 Richmond Highway Ste 90546			Amount 10000.00	
City Alexandria	State VA	Zip Code 22309	Transaction ID : SE.458	
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 29 / 2022	
Name of Federal Candidate: Chavez-DeRemer, Lori, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought 2396978.42			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	20000.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 15 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1414 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00504530 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Blitz Canvassing LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022	
Mailing Address 7600 E Eastman Ave #405				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City Denver		State CO		Zip Code 80231	
Purpose of Expenditure Canvassing				Category/Type 004	
Name of Federal Candidate: Chavez-DeRemer, Lori, ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 2446978.42				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Blitz Canvassing LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2022	
Mailing Address 7600 E Eastman Ave #405				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City Denver		State CO		Zip Code 80231	
Purpose of Expenditure Canvassing				Category/Type 004	
Name of Federal Candidate: McLeod-Skinner, Jamie, ,				Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 2496978.42				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">100000.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
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.					
Crosby, Caleb, , Signature				Date MM / DD / YYYY 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1415 OF 1421
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee Red Maverick Media LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 29 / 2022	
Mailing Address 1426 N 3rd St Suite 310			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13000.00</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : SE.461 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 29 / 2022	
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Cartwright, Matthew, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1801030.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flexpoint Media Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 28 / 2022	
Mailing Address PO Box 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">450.00</div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.462 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 29 / 2022	
Purpose of Expenditure Digital Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: Cuellar, Henry, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 28 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1991434.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">13450.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
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 Crosby, Caleb, , , <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 15 / 2022	
<i>[Electronically Filed]</i>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1416 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee DMM Media			<input type="checkbox"/> Memo Item		
Mailing Address 8588 Richmond Highway Ste 90546			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
City Alexandria		State VA	Zip Code 22309		Amount 1500.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.463 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2022
Name of Federal Candidate: Davids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			1508112.28 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Elephant Strategy LLC			<input type="checkbox"/> Memo Item		
Mailing Address 25475 Marsh Landing Pkwy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2022		
City Ponte Vedra Beach		State FL	Zip Code 32082		Amount 13000.00
Purpose of Expenditure Media Production			Category/Type 004		Transaction ID : SE.464 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2022
Name of Federal Candidate: Hoyle, Valerie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought			53600.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				14500.00	
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1417 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC IE previously reported as operating		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 1260 Stringham Ave #350		Amount 70000.00	
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.465 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 09 / 2022
Purpose of Expenditure Digital Placement		Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Schrier, Kim, , , <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought 2875662.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC IE previously reported as operating		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022	
Mailing Address 1260 Stringham Ave #350		Amount 69000.00	
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.466 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 09 / 2022
Purpose of Expenditure Digital Placement		Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Pappas, Chris, , , <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 2813919.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶		139000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			
(c) TOTAL Independent Expenditures ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Crosby, Caleb, , ,</u>		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1418 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Arena LLC IE previously reported as operating		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address 1260 Stringham Ave #350		Amount 22000.00	
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.467 Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2022
Purpose of Expenditure Digital Placement		Category/ Type 004	
Name of Federal Candidate: Logan, George, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1781185.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Arena LLC IE previously reported as operating		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2022	
Mailing Address 1260 Stringham Ave #350		Amount 22000.00	
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.468 Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2022
Purpose of Expenditure Digital Placement		Category/ Type 004	
Name of Federal Candidate: Hayes, Jahana, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1803185.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		44000.00	
(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.			
Crosby, Caleb, , , Signature		Date MM / DD / YYYY 10 / 15 / 2022	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1419 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y											
Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC IE previously reported as operating				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022							
Mailing Address 1260 Stringham Ave #350				Amount 75000.00							
City Salt Lake City		State UT		Zip Code 84106							
Purpose of Expenditure Digital Placement				Category/Type 004							
Name of Federal Candidate: Chen, Jay, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA							
Calendar Year-To-Date Per Election for Office Sought 1549695.63				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Arena LLC IE previously reported as operating				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022							
Mailing Address 1260 Stringham Ave #350				Amount 41000.00							
City Salt Lake City		State UT		Zip Code 84106							
Purpose of Expenditure Digital Placement				Category/Type 004							
Name of Federal Candidate: Vargas, Anthony, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE							
Calendar Year-To-Date Per Election for Office Sought 913110.28				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:40%; text-align: right;">116000.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;"></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	116000.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....		(c) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	116000.00										
(b) SUBTOTAL of Unitemized Independent Expenditures.....											
(c) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Crosby, Caleb, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1421 OF 1421
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Arena LLC IE previously reported as operating			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2022		
Mailing Address 1260 Stringham Ave #350			Amount 98372.00		
City Salt Lake City		State UT	Zip Code 84106		Transaction ID : SE.473
Purpose of Expenditure Digital Placement		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 09 / 2022	
Name of Federal Candidate: Lee, Susie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 2987107.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry LLC Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 15 / 2022		
Mailing Address 1634 Eye Street NW			Amount 50000.00		
City Washington		State DC	Zip Code 20006		Transaction ID : SE.474
Purpose of Expenditure Digital Placement		Category/ Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 12 / 2022	
Name of Federal Candidate: Magaziner, Seth, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought 323084.38			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			148372.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures			43625483.79		
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 <u>Crosby, Caleb, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2022		