

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024		
Mailing Address P.O. BOX 25093			Amount 3973837.51		
City ALEXANDRIA		State VA	Zip Code 22313	Transaction ID : SE.1	
Purpose of Expenditure TV/MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024		
Name of Federal Candidate CASEY, ROBERT, P., , JR.		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		52761831.71		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2024		
Mailing Address P.O. BOX 25093			Amount 371563.28		
City ALEXANDRIA		State VA	Zip Code 22313	Transaction ID : SE.2	
Purpose of Expenditure TV/MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate CASEY, ROBERT, P., , JR.		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		52761831.71		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4345400.79		
(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 Crosby, Caleb, , ,			Date MM / DD / YYYY 10 / 30 / 2024		

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
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 MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2024		
Mailing Address P.O. BOX 25093			Amount 1041600.99		
City ALEXANDRIA		State VA	Zip Code 22313		Transaction ID : SE.3
Purpose of Expenditure TV/MEDIA PLACEMENT		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2024	
Name of Federal Candidate CASEY, ROBERT, P., , JR.			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought			52761831.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1041600.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5387001.78		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or 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 / 30 / 2024		