

**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.

12 FE4M5

Senate Leadership Fund

ADDRESS (number and street)

45 North Hill Drive  
Ste 100  
Warrenton VA 20186

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00571703

3. IS THIS REPORT NEW OR AMENDED  
 NEW (N)  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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer Caleb Crosby [Electronically Filed] Date 07 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Senate Leadership Fund**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4923500.00"/>	<input type="text" value="4923500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4923500.00"/>	<input type="text" value="4923500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66354.69"/>	<input type="text" value="66354.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4857145.31"/>	<input type="text" value="4857145.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Senate Leadership Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 06 / 30 / 2015

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).....	4823500.00	4823500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4823500.00	4823500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100000.00	100000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4923500.00	4923500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4923500.00	4923500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4923500.00	4923500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	66354.69	66354.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66354.69	66354.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66354.69	66354.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66354.69	66354.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	4923500.00	4923500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4923500.00	4923500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	66354.69	66354.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	66354.69	66354.69

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

1. Unless otherwise noted, none of the expenditures reported are allocable to a candidate. 2. For all Ultimate Vendor Payee disbursements, any transaction below the itemization threshold in the aggregate will not appear as a memo entry.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Senate Leadership Fund**

**A. THOMAS E. MCINERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 BLUFF POINT  
 City WESTPORT State CT Zip Code 06880-6902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLUFF POINT ASSOCIATES Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2015  
**Transaction ID : SA11.4**  
 Amount of Each Receipt this Period  
 100000.00  
 CONTRIBUTION

**B. ROBERT C. MCNAIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 N POST OAK LANE SUITE 600  
 City HOUSTON State TX Zip Code 77024-7753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOUSTON TEXANS Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11.6**  
 Amount of Each Receipt this Period  
 1000000.00  
 CONTRIBUTION

**C. THOMAS W. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 BUTTS ROAD SUITE 320  
 City BOCA RATON State FL Zip Code 33431-7453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PRESCOTT INVESTORS, INC. Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11.8**  
 Amount of Each Receipt this Period  
 100000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. BERNARD MARCUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1266 WEST PACES FERRY ROAD  
 SUITE 615  
 City ATLANTA State GA Zip Code 30327-2306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE MARCUS FOUNDATION Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : SA11.9**  
 Amount of Each Receipt this Period  
 1000000.00  
 CONTRIBUTION

**B. NANCY KINDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2929 LAZY LANE BOULEVARD  
 City HOUSTON State TX Zip Code 77019-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KINDER FOUNDATION Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11.11**  
 Amount of Each Receipt this Period  
 50000.00  
 CONTRIBUTION

**C. JAMES A. PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 5TH STREET  
 SUITE 100  
 City WEST PALM BEACH State FL Zip Code 33401-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015  
**Transaction ID : SA11.12**  
 Amount of Each Receipt this Period  
 50000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOHN G. RANGOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 OSPREY POINT CIRCLE

City BOCA RATON State FL Zip Code 33431-5245

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.10**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**B. JEFFREY SPRAGENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7426 FISHER ISLAND DR

City MIAMI BEACH State FL Zip Code 33109

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

Name of Employer SAFESTITCH MEDICAL INC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.13**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**C. HOWARD COX**  
Full Name (Last, First, Middle Initial)

Mailing Address 82 DEVONSHIRE STREET  
MZ F5E

City BOSTON State MA Zip Code 02109-3605

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

Name of Employer GREYLOCK INVESTMENTS Occupation VENTURE CAPITAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : SA11.15**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75000.00

**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 10 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. JAMES FLORES**

Mailing Address **PO BOX 1083**

City **HOUSTON** State **TX** Zip Code **77251-1083**

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

Name of Employer **PLAINS EXPLORATION** Occupation **CHAIRMAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000.00**

Date of Receipt **05 / 15 / 2015**

**Transaction ID : SA11.16**

Amount of Each Receipt this Period **100000.00**

CONTRIBUTION

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

Mailing Address **6 KIMBALL LANE**

City **LYNNFIELD** State **MA** Zip Code **01940-2682**

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

Name of Employer **THE CATAMOUNT CORPORATION** Occupation **CHAIRMAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000.00**

Date of Receipt **05 / 18 / 2015**

**Transaction ID : SA11.18**

Amount of Each Receipt this Period **100000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. PAUL ELLIOT SINGER**

Mailing Address **40 W 57TH ST FL 30**

City **NEW YORK** State **NY** Zip Code **10019-4001**

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

Name of Employer **ELLIOTT MANAGEMENT GROUP** Occupation **FOUNDER & CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000000.00**

Date of Receipt **05 / 20 / 2015**

**Transaction ID : SA11.19**

Amount of Each Receipt this Period **1000000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **1200000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 165 SAGO PALM ROAD

City VERO BEACH State FL Zip Code 32963-3702

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

Name of Employer: JW CHILDS AND ASSOCIATES, L.P. Occupation: CHAIRMAN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt: 05 / 26 / 2015  
Transaction ID : SA11.20

Amount of Each Receipt this Period: 100000.00

CONTRIBUTION

**B. ROBERT PETRINI**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 THUNDER MOUNTAIN ROAD

City GREENWICH State CT Zip Code 06831-3233

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

Name of Employer: BLACKSTONE Occupation: INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 02 / 2015  
Transaction ID : SA11.23

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 345 PARK AVENUE  
27TH FLOOR

City NEW YORK State NY Zip Code 10154

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

Name of Employer: BLACKSTONE Occupation: SENIOR MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 05 / 2015  
Transaction ID : SA11.24

Amount of Each Receipt this Period: 5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 106000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WAYNE BERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3055 WHITEHAVEN STREET NW  
 City WASHINGTON State DC Zip Code 20008-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLACKSTONE Occupation SENIOR ADVISOR  
 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  
 06 / 10 / 2015  
**Transaction ID : SA11.26**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION

**B. DAVID CALHOUN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 WARDWELL DRIVE  
 City NEW CANAAN State CT Zip Code 06840-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLACKSTONE Occupation SENIOR MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : SA11.28**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. RUSSELL L. CARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 930 FIFTH AVENUE  
 City NEW YORK State NY Zip Code 10021-2651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WELSH, CARSON, ANDERSON & STOWE Occupation GENERAL 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  
 06 / 10 / 2015  
**Transaction ID : SA11.33**  
 Amount of Each Receipt this Period  
 100000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DAVID FOLEY**

Mailing Address 345 PARK AVENUE  
43RD FLOOR

City NEW YORK State NY Zip Code 10154-0004

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

Name of Employer Occupation  
BLACKSTONE INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : SA11.29**

Amount of Each Receipt this Period  
20000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAMES TOMLINSON HILL, III**

Mailing Address 345 PARK AVENUE

City NEW YORK State NY Zip Code 10154

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

Name of Employer Occupation  
BLACKSTONE INVESTOR

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  
 06 / 10 / 2015  
**Transaction ID : SA11.30**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JOHN L. NAU III**

Mailing Address PO BOX 130130

City HOUSTON State TX Zip Code 77219-0130

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

Name of Employer Occupation  
SILVER EAGLE DISTRIBUTORS, LP PRESIDENT & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : SA11.32**

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145000.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. MANDELL J. OURISMAN**

Mailing Address 300 REGENTS PARK

City State Zip Code  
PALM BEACH FL 33480-5014

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

Name of Employer Occupation  
OURISMAN AUTOMOTIVE RETIRED CEO

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 / 10 / 2015  
**Transaction ID : SA11.27**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WILLIAM J. STEIN**

Mailing Address 4 ROLLING HILLS LANE

City State Zip Code  
HARRISON NY 10528-1706

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

Name of Employer Occupation  
BLACKSTONE INVESTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2015  
**Transaction ID : SA11.31**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHAEL CASEY**

Mailing Address 189 ROWAYTON AVENUE

City State Zip Code  
NORWALK CT 06853

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

Name of Employer Occupation  
BLACKSTONE SENIOR MANAGING PARTNER

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 / 19 / 2015  
**Transaction ID : SA11.36**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOSEPH PATRICK BARATTA II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 PARK AVENUE  
 City NEW YORK State NY Zip Code 10154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLACKSTONE Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : SA11.38**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**B. STEPHEN A. SCHWARZMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 345 PARK AVENUE 44TH FLOOR  
 City NEW YORK State NY Zip Code 10154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLACKSTONE Occupation CHAIRMAN, CEO, & FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 06 / 23 / 2015  
**Transaction ID : SA11.39**  
 Amount of Each Receipt this Period 500000.00  
 CONTRIBUTION

**C. MICHAEL S. CHAE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 E 91ST STREET  
 City NEW YORK State NY Zip Code 10128-1350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLACKSTONE Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 26 / 2015  
**Transaction ID : SA11.42**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DONALD DWIGHT SCOTT**

Mailing Address 345 PARK AVENUE  
31ST FLOOR

City NEW YORK State NY Zip Code 10154-3302

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

Name of Employer GSO CAPITAL PARTNERS Occupation 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 Y  
 06 / 26 / 2015  
**Transaction ID : SA11.41**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAY W. FAISON**

Mailing Address 1355 GREENWOOD CLFS  
SUITE 301

City CHARLOTTE State NC Zip Code 28204

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

Name of Employer CLEARPATH Occupation MANAGING PARTNER

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  
 06 / 30 / 2015  
**Transaction ID : SA11.46**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. W. HEYWOOD FRALIN**

Mailing Address POST OFFICE BOX 29600

City ROANOKE State VA Zip Code 24018-0796

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

Name of Employer MEDICAL FACILITIES OF AMERICA Occupation CHAIRMAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11.47**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80000.00

**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 17 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PRAKASH MELWANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1030 FIFTH AVENUE  
11TH FLOOR

City NEW YORK State NY Zip Code 10028-0136

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

Name of Employer BLACKSTONE Occupation SENIOR MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11.48

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B. NEXTERA ENERGY**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 UNIVERSE BOULEVARD

City JUNO BEACH State FL Zip Code 33408

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  
06 / 30 / 2015  
Transaction ID : SA11.49

Amount of Each Receipt this Period  
250000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4823500.00

**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 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City State Zip Code  
WASHINGTON DC 20043

FEC ID number of contributing federal political committee. **C** C00487363

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2015  
**Transaction ID : SA11C.42**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KENTUCKIANS FOR STRONG LEADERSHIP**

Mailing Address P.O. BOX 7895

City State Zip Code  
LOUISVILLE KY 40257

FEC ID number of contributing federal political committee. **C** C00543256

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : SA11C.43**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	100000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CAPITOL COMPUTER EXCHANGE**

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement COMPUTER SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2015

Transaction ID : **SB21B.I3**

Amount of Each Disbursement this Period: 616.20

Category/Type

Full Name (Last, First, Middle Initial)

**B. MAJORITY STRATEGIES INC.**

Mailing Address 135 PROFESSIONAL DRIVE, STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2015

Transaction ID : **SB21B.I17**

Amount of Each Disbursement this Period: 755.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. XIGENT INC.**

Mailing Address P.O. BOX 320129

City ALEXANDRIA State VA Zip Code 22320

Purpose of Disbursement WEBSITE SUPPORT AND DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 25 / 2015

Transaction ID : **SB21B.I30**

Amount of Each Disbursement this Period: 2100.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3471.20

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PNC BANK**

Mailing Address P.O. BOX 856177

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

Transaction ID : SB21B.I21

Amount of Each Disbursement this Period

17.47
-------

**B. FEDEX**

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

Transaction ID : SB21B.I31

Amount of Each Disbursement this Period

17.47
-------

[MEMO ITEM]

**C. CAPITOL COMPUTER EXCHANGE**

Mailing Address 4487 FORBES BLVD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SB21B.I4

Amount of Each Disbursement this Period

142.45
--------

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

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

159.92
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. INTEGRATED CAMPAIGN SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2015

Mailing Address 526 DAROCO AVE

**Transaction ID : SB21B.I13**

City State Zip Code  
CORAL GABLES FL 33146

Amount of Each Disbursement this Period

483.86
--------

Purpose of Disbursement  
FUNDRAISING CONSULTING

Category/ Type
-------------------

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

Mailing Address 1593 SPRING HILL ROAD, STE 400

**Transaction ID : SB21B.I7**

City State Zip Code  
TYSONS CORNER VA 22182

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
DATABASE MANAGEMENT

Category/ Type
-------------------

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. PNC BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

Mailing Address P.O. BOX 856177

**Transaction ID : SB21B.I22**

City State Zip Code  
LOUISVILLE KY 40285

Amount of Each Disbursement this Period

57.31
-------

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Category/ Type
-------------------

Candidate Name

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

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

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

1041.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CHECKS FOR LESS**

Mailing Address 200 RIVERSIDE IND. PKWY.

City PORTLAND State ME Zip Code 04103

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SB21B.I32

Amount of Each Disbursement this Period

43.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SB21B.I33

Amount of Each Disbursement this Period

13.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 13 / 2015

Transaction ID : SB21B.I14

Amount of Each Disbursement this Period

20000.00

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

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

20000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. DMM MEDIA**

Mailing Address 1911 N. FORT MYER DRIVE, STE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
MEDIA PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.I11**

Amount of Each Disbursement this Period

2408.89

**B. MAJORITY STRATEGIES INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 135 PROFESSIONAL DRIVE, STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2015

**Transaction ID : SB21B.I18**

Amount of Each Disbursement this Period

1075.00

**C. INTEGRATED CAMPAIGN SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 526 DAROCO AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2015

**Transaction ID : SB21B.I15**

Amount of Each Disbursement this Period

664.89

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

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

4148.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2015

Transaction ID : SB21B.I8

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. PNC BANK**

Mailing Address P.O. BOX 856177

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SB21B.I23

Amount of Each Disbursement this Period

16.26

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SB21B.I34

Amount of Each Disbursement this Period

16.26

[MEMO ITEM]

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

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

516.26



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CFC CONSULTING**

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

**Transaction ID : SB21B.I5**

Amount of Each Disbursement this Period

4000.00
---------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

**Transaction ID : SB21B.I16**

Amount of Each Disbursement this Period

17383.78
----------

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MAJORITY STRATEGIES INC.**

Mailing Address 135 PROFESSIONAL DRIVE, STE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2015

**Transaction ID : SB21B.I19**

Amount of Each Disbursement this Period

1040.00
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Category/  
Type

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

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

22423.78
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NEXTERA ENERGY**

Mailing Address 700 UNIVERSE BOULEVARD

City JUNO BEACH State FL Zip Code 33408

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2015

Transaction ID : **SB21B.I20**

Amount of Each Disbursement this Period

746.00

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2015

Transaction ID : **SB21B.I25**

Amount of Each Disbursement this Period

220.30

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

Transaction ID : **SB21B.I9**

Amount of Each Disbursement this Period

500.00

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

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

1466.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX CORPORATION**

Mailing Address 800 16TH ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

Transaction ID : SB21B.I12

Amount of Each Disbursement this Period

2743.60

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Transaction ID : SB21B.I26

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. CFC CONSULTING**

Mailing Address 3724 DUNBARTON DR.

City MOUNTAIN BROOK State AL Zip Code 35223

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2015

Transaction ID : SB21B.I6

Amount of Each Disbursement this Period

2000.00

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

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

4778.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PNC BANK**

Mailing Address P.O. BOX 856177

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : SB21B.I24

Amount of Each Disbursement this Period

2748.78
---------

**B. BISTRO BIS**

Mailing Address 15 E ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : SB21B.I35

Amount of Each Disbursement this Period

10.80
-------

[MEMO ITEM]

**C. DCA REAGAN**

Mailing Address REAGAN NATIONAL AIRPORT

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

Transaction ID : SB21B.I36

Amount of Each Disbursement this Period

8.75
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[MEMO ITEM]

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

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

2748.78
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. NATIONAL JOURNAL GROUP**

Mailing Address 600 NEW HAMPSHIRE AVE NW, STE 4

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : SB21B.I37

Amount of Each Disbursement this Period

2	1	0	7	.	8	6
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ST REGIS**

Mailing Address 923 16TH ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : SB21B.I38

Amount of Each Disbursement this Period

1	2	0	.	8	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TAXI**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : SB21B.I39

Amount of Each Disbursement this Period

4	0	.	0	8
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[MEMO ITEM]

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

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

0	.	0	0
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0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. TAXI**

Mailing Address

City State Zip Code

Purpose of Disbursement  
TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2015			

**Transaction ID : SB21B.I40**

Amount of Each Disbursement this Period

27.65
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 233 S WACKER DR

City State Zip Code  
CHICAGO IL 60606

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2015			

**Transaction ID : SB21B.I41**

Amount of Each Disbursement this Period

432.84
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			09			2015			

**Transaction ID : SB21B.I27**

Amount of Each Disbursement this Period

110.30
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

110.30
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ALTRIA CLIENT SERVICES INC**

Mailing Address 101 CONSTITUTION AVE NW, STE 400W

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : SB21B.I1

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

**B. THE SAHL COMPANY**

Mailing Address 16714 FITZHUGH ROAD

City DRIPPING SPRINGS State TX Zip Code 78620

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

Transaction ID : SB21B.I29

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2015

Transaction ID : SB21B.I28

Amount of Each Disbursement this Period

725.30

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

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

4700.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : SB21B.I10**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SB21B.I2**

Amount of Each Disbursement this Period

289.30

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

789.30

66354.69