24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
BUCKEYE LEADERSHIP FUND, INC.		C C00790923
Check if 24-hour report		
Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 25093		Amount
City State	Zip Code	96901.00
ALEXANDRIA VA	22313	Transaction ID : SE24.45 Date of Disbursement or Obligation
Purpose of Expenditure RADIO PLACEMENT	Category/ Type 004	03 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:
DOLAN, MATT, , ,	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	1540243.00 Dis	sbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Off Oppose	fice Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	Dis	sbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	96901.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	96901.00
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.		
	ically Filed] Date	04 14 2022
Signature	_	