

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

Washington

DC

20006

-

☐

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C00504530

3. IS THIS REPORT

☒ NEW (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)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☒ Special (12S)

Election on

MM / DD / YYYY

02 / 13 / 2024

in the State of

NY

(d) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

01 / 01 / 2024

through

MM / DD / YYYY

01 / 24 / 2024

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

Crosby, Caleb, , ,

Signature of Treasurer

Crosby, Caleb, , ,

Date

MM / DD / YYYY

02 / 01 / 2024

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:

MM / DD / YYYY
01 / 01 / 2024

To:

MM / DD / YYYY
01 / 24 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="54406818.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54406818.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18768.90"/>	<input type="text" value="18768.90"/>
(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="54425587.45"/>	<input type="text" value="54425587.45"/>
7. Total Disbursements (from Line 31)	<input type="text" value="3155631.78"/>	<input type="text" value="3155631.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="51269955.67"/>	<input type="text" value="51269955.67"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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:

MM / DD / YYYY
01 / 01 / 2024

To:

MM / DD / YYYY
01 / 24 / 2024

I. Receipts

COLUMN A
Total This PeriodCOLUMN 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

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

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.).....

18768.90

18768.90

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))

18768.90

18768.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

18768.90

18768.90

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	757.58	757.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	757.58	757.58
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)	2573677.66	2573677.66
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).....	581196.54	581196.54
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)) ..	3155631.78	3155631.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3155631.78	3155631.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	757.58	757.58
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	757.58	757.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 43

(check only one)

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

19658.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2024

Transaction ID : SA17.465612

Amount of Each Receipt this Period

644.00

☒ 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

B. ARCHER, LYNNE, , ,

Mailing Address 20 SAINT PETERS WALK

City
SUGAR LANDState
TXZip Code
77479-2525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARCHER AUTO GROUPOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2024

Transaction ID : SA17.465637

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. 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 ▼

19658.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2024

Transaction ID : SA17.466645

Amount of Each Receipt this Period

525.00

☒ Memo Item

CONTRIBUTION

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

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

20.00

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 7 OF 43

(check only one)

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

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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
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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2024

Transaction ID : SA17.466650

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. 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 ▼

19658.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2024

Transaction ID : SA17.466830

Amount of Each Receipt this Period

883.00

☒ 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. ARCHER, LYNNE, , ,

Mailing Address 20 SAINT PETERS WALK

City
SUGAR LANDState
TXZip Code
77479-2525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARCHER AUTO GROUPOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2024

Transaction ID : SA17.466843

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)..... ►

750.00

770.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. American Action NetworkMailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Cost share payment - labor

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	8		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.73

Amount of Each Disbursement this Period

757.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	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).....▶

757.58

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

757.58

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 Services

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

70.50

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.4

Amount of Each Disbursement this Period

38.22

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. First National Bank

Mailing Address P.O. Box 2557

City
OmahaState
NEZip Code
68103

Purpose of Disbursement

Credit card payment - see memo entries

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.55

Amount of Each Disbursement this Period

1730.05

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

1838.77

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 10 OF 43

<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. Microsoft

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052

Purpose of Disbursement

Computer services

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.56

Amount of Each Disbursement this Period

444.14

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant services

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.57

Amount of Each Disbursement this Period

99.00

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WP EngineMailing Address 504 Lavaca Street
Suite 1000City
AustinState
TXZip Code
78701

Purpose of Disbursement

Computer services

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.58

Amount of Each Disbursement this Period

850.00

☒ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

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)

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<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. Strategic Advance Services, LLCMailing Address 611 Pennsylvania Ave. SE
Suite 267City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Travel and event planning services

Candidate Name

002

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	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.67

Amount of Each Disbursement this Period

120109.51

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Targeted VictoryMailing Address 2311 Wilson Blvd
Suite 200City
ArlingtonState
VAZip Code
22201

Purpose of Disbursement

Media consulting

Candidate Name

001

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	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.51

Amount of Each Disbursement this Period

69099.17

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.6

Amount of Each Disbursement this Period

28.03

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

189236.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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
22209

Purpose of Disbursement

Merchant fee

Candidate Name

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	1			0	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.11

Amount of Each Disbursement this Period

48.58

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			0	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

25.32

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			0	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.12

Amount of Each Disbursement this Period

20.07

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

93.97

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)

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<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
20006

Purpose of Disbursement

Cost Share payment - rent, website support, overhead

Candidate Name

001

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	1			0	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.59

Amount of Each Disbursement this Period

48857.76

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			0	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.15

Amount of Each Disbursement this Period

49.83

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			0	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.19

Amount of Each Disbursement this Period

26.05

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

48933.64

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)

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<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. Conston, Daniel, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Travel reimbursement - see memo entries

Candidate Name

002

Category/
Type

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	1			1	0		2	0	2	4		

FEC Identification Number

C**Transaction ID : SB.68**

Amount of Each Disbursement this Period

3277.13

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619616

City
DFW AirportState
TXZip Code
75261

Purpose of Disbursement

Air travel services

Candidate Name

002

Category/
Type

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	1			1	0		2	0	2	4		

FEC Identification Number

C**Transaction ID : SB.70**

Amount of Each Disbursement this Period

2182.68

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Marriott

Mailing Address 7750 Wisconsin Ave

City
BethesdaState
MDZip Code
20814

Purpose of Disbursement

Lodging

Candidate Name

002

Category/
Type

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	1			1	0		2	0	2	4		

FEC Identification Number

C**Transaction ID : SB.72**

Amount of Each Disbursement this Period

392.63

☒ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

3277.13

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)

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<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. The Post Oak Hotel

Mailing Address 1600 W Loop S

City
HoustonState
TXZip Code
77027

Purpose of Disbursement

Lodging

Candidate Name

002

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.71

Amount of Each Disbursement this Period

401.74

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S Wacker Drive

City
ChicagoState
ILZip Code
60606

Purpose of Disbursement

Air travel services

Candidate Name

002

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.69

Amount of Each Disbursement this Period

185.45

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. America Rising LLC

Mailing Address 1500 Wilson Blvd.5th Floor

City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Research services

Candidate Name

005

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.66

Amount of Each Disbursement this Period

84745.00

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

84745.00

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)

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<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. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182

Purpose of Disbursement

Donor database services

Candidate Name

003

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.52

Amount of Each Disbursement this Period

1763.15

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Finance Strategies Group LLCMailing Address 2024 3rd Ave. N
Suite 211City
BirminghamState
ALZip Code
35203

Purpose of Disbursement

Fundraising Consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.21

Amount of Each Disbursement this Period

30250.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.20

Amount of Each Disbursement this Period

97.28

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

32110.43

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)

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<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
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

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	1			1	0		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.22

Amount of Each Disbursement this Period

41.30

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

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	1			1	1		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.24

Amount of Each Disbursement this Period

19.08

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

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	1			1	2		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.29

Amount of Each Disbursement this Period

17.59

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

77.97

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)

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<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. Grassroots Targeting

Mailing Address 106 S. Columbus Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Survey

Candidate Name

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	1			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.53

Amount of Each Disbursement this Period

39000.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.32

Amount of Each Disbursement this Period

91.05

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

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	1			1	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.33

Amount of Each Disbursement this Period

28.25

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

39119.30

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)

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<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 LLCMailing Address 2024 3rd Ave. N
Suite 211City
BirminghamState
ALZip Code
35203

Purpose of Disbursement

Fundraising Consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.37

Amount of Each Disbursement this Period

10000.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.35

Amount of Each Disbursement this Period

144.21

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.36

Amount of Each Disbursement this Period

29.08

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

10173.29

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 20 OF 43

<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.Mailing Address 1199 North Lee Street
Suite 808City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Polling

Candidate Name

005

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.63

Amount of Each Disbursement this Period

51000.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Finance Strategies Group LLCMailing Address 2024 3rd Ave. N
Suite 211City
BirminghamState
ALZip Code
35203

Purpose of Disbursement

Fundraising Consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.40

Amount of Each Disbursement this Period

27500.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. The Tarrance GroupMailing Address 201 N. Union St
Suite 410City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Polling

Candidate Name

005

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.62

Amount of Each Disbursement this Period

27767.00

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

106267.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 43

<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
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

12.61

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB.41

Amount of Each Disbursement this Period

62.98

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Meeting Street Research, LLCMailing Address 962 Houston Northcutt Blvd.
Suite 201City
Mount PleasantState
SCZip Code
29464

Purpose of Disbursement

Polling

Candidate Name

005

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.64

Amount of Each Disbursement this Period

40000.00

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

40075.59

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 22 OF 43

<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. Meeting Street Research, LLCMailing Address 962 Houston Northcutt Blvd.
Suite 201City
Mount PleasantState
SCZip Code
29464

Purpose of Disbursement

Polling

Candidate Name

005

Category/
Type

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	1			2	3			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.65

Amount of Each Disbursement this Period

24500.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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	1			2	3			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.46

Amount of Each Disbursement this Period

16.79

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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	1			2	4			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.50

Amount of Each Disbursement this Period

15.74

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

24532.53

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)

<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
22209

Purpose of Disbursement

Merchant Fee

Candidate Name

003

Category/
Type

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
0	1		2	4		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.74

Amount of Each Disbursement this Period

110.42

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

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)..... ►

110.42

580591.75

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 43
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 ADVANTAGE 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> 01 / 17 / 2024	
Mailing Address 9420 BONITA BEACH ROAD SE SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15585.60</div>	
City BONITA SPRINGS	State FL	Zip Code 34135	Transaction ID : SE24.78 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> 01 / 17 / 2024	
Purpose of Expenditure PHONE CALLS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
Full Name of Payee ADVANTAGE 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> 01 / 18 / 2024	
Mailing Address 9420 BONITA BEACH ROAD SE SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4800.00</div>	
City BONITA SPRINGS	State FL	Zip Code 34135	Transaction ID : SE24.83 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> 01 / 19 / 2024	
Purpose of Expenditure PHONE CALLS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">20385.60</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 <u>CROSBY, CALEB, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 18 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 43
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 ADVANTAGE 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> 01 / 24 / 2024	
Mailing Address 9420 BONITA BEACH ROAD SE SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15585.60</div>	
City BONITA SPRINGS	State FL	Zip Code 34135	Transaction ID : SE24.103 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> 01 / 24 / 2024	
Purpose of Expenditure PHONE CALLS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
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> 01 / 05 / 2024	
Mailing Address 23150 FASHION DR SUITE 231			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46233.45</div>	
City ESTERO	State FL	Zip Code 33928	Transaction ID : SE24.64 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> 01 / 04 / 2024	
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">61819.05</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 <u>CROSBY, CALEB, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 25 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 43
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 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> 01 / 12 / 2024	
Mailing Address 23150 FASHION DR SUITE 231				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">68357.61</div>	
City ESTERO		State FL	Zip Code 33928	Transaction ID : SE24.73 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> 01 / 11 / 2024	
Purpose of Expenditure DIRECT MAIL			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
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> 01 / 16 / 2024	
Mailing Address 23150 FASHION DR SUITE 231				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50939.94</div>	
City ESTERO		State FL	Zip Code 33928	Transaction ID : SE24.74 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> 01 / 16 / 2024	
Purpose of Expenditure DIRECT MAIL			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">119297.55</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 <u>CROSBY, CALEB, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 14 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 43
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 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> 01 / 16 / 2024	
Mailing Address 23150 FASHION DR SUITE 231			City ESTERO	State FL	Zip Code 33928
Purpose of Expenditure DIRECT MAIL					
Category/Type				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17417.67</div> Transaction ID : SE24.75 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> 01 / 16 / 2024	
Name of Federal Candidate: SUOZZI, THOMAS, , ,			<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: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
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> 01 / 18 / 2024	
Mailing Address 23150 FASHION DR SUITE 231			City ESTERO	State FL	Zip Code 33928
Purpose of Expenditure DIRECT MAIL					
Category/Type			004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50939.94</div> Transaction ID : SE24.79 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> 01 / 17 / 2024	
Name of Federal Candidate: SUOZZI, THOMAS, , ,			<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: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
<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;">68357.61</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.					
Signature <u>CROSBY, CALEB, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 18 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 43
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 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> 01 / 19 / 2024	
Mailing Address 23150 FASHION DR SUITE 231			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17417.67</div>	
City ESTERO	State FL	Zip Code 33928	Transaction ID : SE24.80 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> 01 / 17 / 2024	
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
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> 01 / 22 / 2024	
Mailing Address 23150 FASHION DR SUITE 231			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50939.94</div>	
City ESTERO	State FL	Zip Code 33928	Transaction ID : SE24.87 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> 01 / 22 / 2024	
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">68357.61</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 <u>CROSBY, CALEB, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 18 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 43
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 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> 01 / 23 / 2024	
Mailing Address 23150 FASHION DR SUITE 231		City ESTERO	State FL	Zip Code 33928
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17417.67</div>				
Purpose of Expenditure DIRECT MAIL		Category/ Type	Transaction ID : SE24.88 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> 01 / 22 / 2024	
Name of Federal Candidate: SUOZZI, THOMAS, , ,		<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: NY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
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> 01 / 20 / 2024	
Mailing Address PO BOX 1051		City NEW ALBANY	State OH	Zip Code 43054
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1340346.37</div>				
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type	Transaction ID : SE24.84 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> 01 / 18 / 2024	
Name of Federal Candidate: SUOZZI, THOMAS, , ,		<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: NY	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1357764.04</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 <u>CROSBY, CALEB, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 25 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 43
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 NASICA TACTICAL <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> 01 / 19 / 2024	
Mailing Address PO BOX 871			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16063.65</div>	
City AUSTIN	State TX	Zip Code 78767	Transaction ID : SE24.81 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> 01 / 19 / 2024	
Purpose of Expenditure TEXT MESSAGES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
Full Name of Payee NASICA TACTICAL <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> 01 / 19 / 2024	
Mailing Address PO BOX 871			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5632.55</div>	
City AUSTIN	State TX	Zip Code 78767	Transaction ID : SE24.82 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> 01 / 19 / 2024	
Purpose of Expenditure TEXT MESSAGES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">21696.20</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 <u>CROSBY, CALEB, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 20 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 43
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 SOMETHING ELSE 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> 01 / 20 / 2024	
Mailing Address 212 GOLDEN WILLOW COURT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23000.00</div>	
City EASLEY	State SC	Zip Code 29642	Transaction ID : SE24.86 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> 01 / 19 / 2024	
Purpose of Expenditure MEDIA PRODUCTION			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
Full Name of Payee STARBOARD ADVERTISING <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> 01 / 16 / 2024	
Mailing Address 16192 COASTAL HIGHWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24992.00</div>	
City LEWES	State DE	Zip Code 19958	Transaction ID : SE24.76 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> 01 / 17 / 2024	
Purpose of Expenditure MEDIA PLACEMENT			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: SUOZZI, THOMAS, , , <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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2038677.66</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">47992.00</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, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 22 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 43
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;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00504530</div></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; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div></div>	
Full Name of Payee TARGETED VICTORY LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between;"><div>01</div><div>09</div><div>2024</div></div></div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>25000.00</div><div></div></div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.65 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between;"><div>01</div><div>09</div><div>2024</div></div></div>
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
Name of Federal Candidate: BACON, DONALD, J, ,		<input checked="" type="checkbox"/> Support <input 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 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>35000.00</div><div></div></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TARGETED VICTORY LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between;"><div>01</div><div>09</div><div>2024</div></div></div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div></div><div>25000.00</div><div></div></div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.66 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between;"><div>01</div><div>09</div><div>2024</div></div></div>
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; text-align: center;">004</div>	
Name of Federal Candidate: KEAN, THOMAS, H, , JR		<input checked="" type="checkbox"/> Support <input 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; display: flex; justify-content: space-between;"><div></div><div>35000.00</div><div></div></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <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;"><div></div><div>50000.00</div><div></div></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; width: 100%; height: 20px;"></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; width: 100%; height: 20px;"></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, , ,		Date <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between;"><div>01</div><div>11</div><div>2024</div></div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 43
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: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee TARGETED VICTORY LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 09 / 2024</div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>	
City ARLINGTON			
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div>	
Name of Federal Candidate: FITZPATRICK, BRIAN, , ,		<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: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TARGETED VICTORY LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 09 / 2024</div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>	
City ARLINGTON			
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;">004</div>	
Name of Federal Candidate: DE LA CRUZ, MONICA, , ,		<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: 15 State: TX	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <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: 100%;">50000.00</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; width: 100%;"> </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; width: 100%;"> </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, , ,		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2024</div>	

FEC Schedule E (Form 3X) Rev. 05/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 43
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;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00504530</div></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: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div>	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee TARGETED VICTORY LLC</div><div><input type="checkbox"/> Memo Item</div></div> <div>Mailing Address 2311 WILSON BLVD SUITE 200</div> <div style="display: flex; justify-content: space-between;"><div>City ARLINGTON</div><div>State VA</div><div>Zip Code 22201</div></div> <div>Purpose of Expenditure MEDIA PLACEMENT</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div>		<div style="display: flex; justify-content: space-between;"><div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div></div><div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">25000.00</div></div><div>Transaction ID : SE24.71 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div></div></div>	
Name of Federal Candidate: BRESNAHAN, ROB, , ,		<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 <input type="checkbox"/> President <input type="checkbox"/> Senate</div><div>District: 08 State: PA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">35000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee TARGETED VICTORY LLC</div><div><input type="checkbox"/> Memo Item</div></div> <div>Mailing Address 2311 WILSON BLVD SUITE 200</div> <div style="display: flex; justify-content: space-between;"><div>City ARLINGTON</div><div>State VA</div><div>Zip Code 22201</div></div> <div>Purpose of Expenditure MEDIA PLACEMENT</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">004</div></div>		<div style="display: flex; justify-content: space-between;"><div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div></div><div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">25000.00</div></div><div>Transaction ID : SE24.72 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div></div></div>	
Name of Federal Candidate: ANDERSON, DERRICK, , ,		<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 <input type="checkbox"/> President <input type="checkbox"/> Senate</div><div>District: 07 State: VA</div></div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">25000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">50000.00</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.			
Signature CROSBY, CALEB, , ,		Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 43
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: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee TARGETED VICTORY LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> 01 / 23 / 2024	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div> Transaction ID : SE24.89 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> 01 / 23 / 2024	
City State Zip Code ARLINGTON VA 22201			
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: PELTOLA, MARY, , , <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TARGETED VICTORY LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> 01 / 23 / 2024	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75000.00</div> Transaction ID : SE24.90 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> 01 / 23 / 2024	
City State Zip Code ARLINGTON VA 22201			
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: GARCIA, MIKE, , , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">75000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">85000.00</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, , ,		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> 01 / 25 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 43
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;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00504530</div></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: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div>	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee TARGETED VICTORY LLC</div><div><input type="checkbox"/> Memo Item</div></div> <div>Mailing Address 2311 WILSON BLVD SUITE 200</div> <div style="display: flex; justify-content: space-between;"><div>City ARLINGTON</div><div>State VA</div><div>Zip Code 22201</div></div> <div>Purpose of Expenditure MEDIA PLACEMENT</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div></div></div>		<div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div><div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">23</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2024</div></div></div> <div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div>75000.00</div></div> <div>Transaction ID : SE24.91 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div><div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">23</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2024</div></div></div>	
Name of Federal Candidate: STEEL, MICHELLE, , ,		<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 <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate</div><div>District: 45 State: CA</div></div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div>75000.00</div> <div>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</div>	
<div style="display: flex; justify-content: space-between;"><div>Full Name of Payee TARGETED VICTORY LLC</div><div><input type="checkbox"/> Memo Item</div></div> <div>Mailing Address 2311 WILSON BLVD SUITE 200</div> <div style="display: flex; justify-content: space-between;"><div>City ARLINGTON</div><div>State VA</div><div>Zip Code 22201</div></div> <div>Purpose of Expenditure MEDIA PLACEMENT</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">004</div></div></div>		<div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div><div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">23</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2024</div></div></div> <div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div>10000.00</div></div> <div>Transaction ID : SE24.92 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div><div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">23</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2024</div></div></div>	
Name of Federal Candidate: MARLINGA, CARL, , ,		<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 <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate</div><div>District: 10 State: MI</div></div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div>10000.00</div> <div>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div>85000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></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, , ,		Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div> <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">25</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2024</div></div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 43
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;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00504530</div></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: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div>	
Full Name of Payee TARGETED VICTORY LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y Y Y Y Y Y</div></div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">01</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">23</div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2024</div></div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div></div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"></div></div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; 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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 43
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 TARGETED VICTORY LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 23 / 2024
Mailing Address 2311 WILSON BLVD SUITE 200	Amount 10000.00 Transaction ID : SE24.95 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 23 / 2024
City ARLINGTON State VA Zip Code 22201	
Purpose of Expenditure MEDIA PLACEMENT Category/Type 	
Name of Federal Candidate: GILLEN, LAURA, , , <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: 04 State: NY	
Calendar Year-To-Date Per Election for Office Sought 10000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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 01 / 23 / 2024
Mailing Address 2311 WILSON BLVD SUITE 200	Amount 10000.00 Transaction ID : SE24.96 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 23 / 2024
City ARLINGTON State VA Zip Code 22201	
Purpose of Expenditure MEDIA PLACEMENT Category/Type 004	
Name of Federal Candidate: JONES, MONDAIRE, , , <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: 17 State: NY	
Calendar Year-To-Date Per Election for Office Sought 10000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input 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, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
01 / 25 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 43
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 TARGETED VICTORY 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> 01 / 23 / 2024	
Mailing Address 2311 WILSON BLVD SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.97 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> 01 / 23 / 2024	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: RYAN, PAT, , , <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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">35000.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TARGETED VICTORY 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> 01 / 23 / 2024	
Mailing Address 2311 WILSON BLVD SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.98 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> 01 / 23 / 2024	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</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, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 25 / 2024	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 43
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;">CC00504530</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: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div></div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div>				
Full Name of Payee TARGETED VICTORY LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div></div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">01</div></div> / <div><div style="border: 1px solid black; padding: 2px;">23</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>		
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div> Transaction ID : SE24.99 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div></div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">01</div></div> / <div><div style="border: 1px solid black; padding: 2px;">23</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>		
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:40%;">City ARLINGTON</td><td style="width:20%;">State VA</td><td style="width:40%;">Zip Code 22201</td></tr></table>				City ARLINGTON
City ARLINGTON	State VA	Zip Code 22201		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: MCLEOD-SKINNER, JAMIE, , , <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input checked="" type="checkbox"/> House District: 05 <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> President <input type="checkbox"/> Senate</div><div>State: OR</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee TARGETED VICTORY LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div></div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">01</div></div> / <div><div style="border: 1px solid black; padding: 2px;">23</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>		
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div> Transaction ID : SE24.100 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div></div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">01</div></div> / <div><div style="border: 1px solid black; padding: 2px;">23</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>		
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:40%;">City ARLINGTON</td><td style="width:20%;">State VA</td><td style="width:40%;">Zip Code 22201</td></tr></table>				City ARLINGTON
City ARLINGTON	State VA	Zip Code 22201		
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: CARTWRIGHT, MATT, , , <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input checked="" type="checkbox"/> House District: 08 <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> President <input type="checkbox"/> Senate</div><div>State: PA</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">35000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <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;">20000.00</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; text-align: right;"> </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; text-align: right;"> </div></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, , ,		Date <div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D D</div></div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">01</div></div> / <div><div style="border: 1px solid black; padding: 2px;">25</div></div> / <div><div style="border: 1px solid black; padding: 2px;">2024</div></div></div></div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 43
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;">CC00504530</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; gap: 10px;"><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 TARGETED VICTORY LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; gap: 10px;"><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 style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">01 / 23 / 2024</div></div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">75000.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.101 Date of Disbursement or Obligation <div style="display: flex; gap: 10px;"><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 style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">01 / 23 / 2024</div></div>
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Name of Federal Candidate: DE LA CRUZ, MONICA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose 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 <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">110000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee TARGETED VICTORY LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; gap: 10px;"><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 style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">01 / 23 / 2024</div></div>	
Mailing Address 2311 WILSON BLVD SUITE 200		Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">10000.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.102 Date of Disbursement or Obligation <div style="display: flex; gap: 10px;"><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 style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">01 / 23 / 2024</div></div>
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: VALLEJO, MICHELLE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose 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 <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">110000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">85000.00</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;">2573677.66</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, , ,		Date <div style="display: flex; gap: 10px;"><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 style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">01 / 25 / 2024</div></div>	