

# 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**

Senate Leadership Fund

ADDRESS (number and street) 45 North Hill Drive  
Ste 100  
Warrenton VA 20186  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** C00571703

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

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

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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, , , [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Senate Leadership Fund**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		11250383.87
(b) Cash on Hand at Beginning of Reporting Period.....	2149228.91	
(c) Total Receipts (from Line 19) .....	39693742.12	103655477.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41842971.03	114905860.99
7. Total Disbursements (from Line 31).....	40529434.26	113592324.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1313536.77	1313536.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Senate Leadership Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27787800.00	78702100.00
(ii) Unitemized .....	1387.35	2147.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	27789187.35	78704247.35
(b) Political Party Committees .....	50000.00	50000.00
(c) Other Political Committees (such as PACs).....	2145980.00	4190980.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29985167.35	82945227.35
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).....	508574.77	510249.77
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	9200000.00	20200000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	39693742.12	103655477.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	39693742.12	103655477.12

**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 .....	148445.21	5577996.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	148445.21	5577996.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2420000.00	22020000.00
24. Independent Expenditures (use Schedule E) .....	37960989.05	85994327.66
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).....	0.00	0.00
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)) ..	40529434.26	113592324.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40529434.26	113592324.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29985167.35	82945227.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29985167.35	82945227.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	148445.21	5577996.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	508574.77	510249.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-360129.56	5067746.79

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

Form/Schedule: F3XN  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. DEVOS, DANIEL, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.454**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. DEVOS, DOUGLAS, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.457**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. DEVOS, ELISABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.453**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. DEVOS, HELEN, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.451**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. DEVOS, MARIA, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.458**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. DEVOS, PAMELLA, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.455**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 108  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. DEVOS, RICHARD, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.452**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. DEVOS, RICHARD, M., , SR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.450**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. DEVOS, SUZANNE, CHERYL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 OTTAWA AVENUE NW  
 SUITE 500  
 City GRAND RAPIDS State MI Zip Code 49503-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDV CORPORATION Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.456**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HASLAM, JAMES, A., , II</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address PO BOX 10146		<b>Transaction ID : SA11A.460</b>
City KNOXVILLE	State TN	Zip Code 37939-0146
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer (for Individual) PILOT CORPORATION	Occupation (for Individual) CHAIRMAN	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HASLAM, JAMES, A., , III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address P.O. BOX 10528		<b>Transaction ID : SA11A.462</b>
City KNOXVILLE	State TN	Zip Code 37939-0528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer (for Individual) PILOT FLYING J	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. JORNAYVAZ, ROBERT, P., , III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Mailing Address 707 17TH STREET SUITE 4200		<b>Transaction ID : SA11A.449</b>
City DENVER	State CO	Zip Code 80202-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer (for Individual) INTREPID POTASH INC.	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 100000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. PURCELL, PHILIP, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6300 N. SAGEWOOD DRIVE  
 SUITE H110  
 City PARK CITY State UT Zip Code 84098-7502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONTINENTAL INVESTORS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.459**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. HASLAM KNOXVILLE HOUSEHOLD ACCOUNT**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 10528  
 City KNOXVILLE State TN Zip Code 37939-0528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11A.461**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. BUNCE, JOHN, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 CANYON RUN BOULEVARD  
 City KETCHUM State ID Zip Code 83340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREYHAWK CAPITAL MANAGEMENT Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.477**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. CASTELLINI, ROBERT, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 ELM STREET  
 SUITE 2600  
 City CINCINNATI State OH Zip Code 45202-2728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CASTELLINI MANAGEMENT COMPANY Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225000.00**

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : SA11A.476**  
 Amount of Each Receipt this Period **200000.00**  
 Memo Item CONTRIBUTION

**B. DAY, ROBERT, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 865 S FIGUEROA STREET  
 SUITE 700  
 City LOS ANGELES State CA Zip Code 90017-2598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUST COMPANY OF THE WEST Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100000.00**

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : SA11A.475**  
 Amount of Each Receipt this Period **100000.00**  
 Memo Item CONTRIBUTION

**C. JAQUIN, DAVID, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 580 CALIFORNIA STREET  
 SUITE 2000  
 City SAN FRANCISCO State CA Zip Code 94104-1041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH POINT ADVISORS Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **25000.00**

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : SA11A.468**  
 Amount of Each Receipt this Period **25000.00**  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **325000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input 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)  
**Senate Leadership Fund**

**A. MILLER, RICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 969 MOORES CLUB PLACE  
 City ATLANTA State GA Zip Code 30319-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRYANCAVE LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.466**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item CONTRIBUTION

**B. NEWMAN, JERROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 EAST 86TH STREET, #15F  
 City NEW YORK State NY Zip Code 10028-0553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLOWRIDGE PARTNERS Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6500.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.464**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. REYES, J., CHRISTOPHER, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 S. FLAGLER DRIVE SUITE 1500  
 City WEST PALM BEACH State FL Zip Code 33401-6157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REYES HOLDINGS Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.472**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. REYES, M., JUDE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 777 S. FLAGER DRIVE  
 SUITE 1500  
 City WEST PALM BEACH State FL Zip Code 33401-6157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) REYES HOLDINGS Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.471**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

**B. SHERRILL, STEPHEN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 765 PARK AVENUE  
 APT 4B  
 City NEW YORK State NY Zip Code 10021-4271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRUCKMANN ROSSER SHERRILL Occupation (for Individual) FINANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.469**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. SPEYER, JERRY, I., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 ROCKEFELLER PLAZA  
 7TH FLOOR  
 City NEW YORK State NY Zip Code 10111-0100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TISHMAN SPEYER Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.473**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. STEPHENSON, THOMAS, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 198 FAIR OAKS LANE  
 City ATHERTON State CA Zip Code 94027-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SEQUOIA CAPITAL Occupation (for Individual) GENERAL PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.470**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**B. SYLVESTER, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5907 CARLTON LANE  
 City BETHESDA State MD Zip Code 20816-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUGHRUE MION, PLLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11A.465**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. WILL, ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 EGRET CIRCLE  
 City SUFFOLK State VA Zip Code 23436-1028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2016  
**Transaction ID : SA11A.483**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. SUMER, BARAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5103 LINCOLNSHIRE COURT  
 City DALLAS State TX Zip Code 75287-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT SOUTHWESTERN MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11A.485**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. ADELSON, MIRIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 S RAMPART BLVD SUITE 440  
 City LAS VEGAS State NV Zip Code 89145-5749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ADELSON DRUG CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 17500000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.489**  
 Amount of Each Receipt this Period 7500000.00  
 Memo Item CONTRIBUTION

**C. ADELSON, SHELDON, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 S RAMPART BLVD SUITE 440  
 City LAS VEGAS State NV Zip Code 89145-5749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAS VEGAS SANDS CORPORATION Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 17500000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.487**  
 Amount of Each Receipt this Period 7500000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. BURT, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 OAK TREE ROAD  
 City BLUFFTON State SC Zip Code 29910-4960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.488**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. CLEMENTS, JORDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6372 BRAXTON COURT  
 City MURRAY State UT Zip Code 84121-2199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROCK CREEK CAPTAL, LLC Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.486**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. MEIJER, HENDRICK, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2929 WALKER AVENUE NW  
 City GRAND RAPIDS State MI Zip Code 49544-6402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEIJER Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.495**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. SULLIVAN, FRANK, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2628 PEARL ROAD  
 City MEDINA State OH Zip Code 44256-7623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RPM INTERNATIONAL INC. Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.492**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

**B. TRULOVE, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 FOREST HILLS CT.  
 City SOUTHLAKE State TX Zip Code 76092-7804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11A.499**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. CHAMBERLAIN, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 S. PATHFINDER TRAIL  
 City ANAHEIM State CA Zip Code 92807-4706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.514**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. DELANEY, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2899 N. GARRETT LN.  
 City FLAGSTAFF State AZ Zip Code 86001-7882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.511**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**B. HUFF, CRAIG, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 993 5TH AVENUE 6TH FLOOR  
 City NEW YORK State NY Zip Code 10028-0105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RESERVOIR CAPITAL GROUP Occupation (for Individual) CO-CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.506**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. NEWMAN, JERROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 EAST 86TH STREET, #15F  
 City NEW YORK State NY Zip Code 10028-0553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLOWRIDGE PARTNERS Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 6500.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.500**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. SCHWARTZ, MARVIN, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 BROADWAY  
 SUIER 1602  
 City NEW YORK State NY Zip Code 10004-2414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NEWBERGER BERMAN SENIOR PORTFOLIO MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.503**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. SCHWARZMAN, STEPHEN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 PARK AVENUE  
 44TH FLOOR  
 City NEW YORK State NY Zip Code 10154-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 BLACKSTONE CHAIRMAN, CEO, & FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2570000.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.501**  
 Amount of Each Receipt this Period 2200000.00  
 Memo Item CONTRIBUTION

**C. AI ALTEP HOLDINGS, INC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 5TH AVENUE  
 20TH FLOOR  
 City NEW YORK State NY Zip Code 10019-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11A.507**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. POLAR TANKERS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 600 NORTH DAIRY ASHFORD

City HOUSTON	State TX	Zip Code 77079-1100
-----------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

**Transaction ID : SA11A.505**

Amount of Each Receipt this Period  
1000000.00

Memo Item  
CONTRIBUTION

**B. GUND, GORDON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 14 NASSAU STREET

City PRINCETON	State NJ	Zip Code 08542-4533
-------------------	-------------	------------------------

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

Name of Employer (for Individual) GUND INVESTMENT CORPORATION	Occupation (for Individual) CHAIRMAN & CEO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

**Transaction ID : SA11A.525**

Amount of Each Receipt this Period  
200000.00

Memo Item  
CONTRIBUTION

**C. SINGER, PAUL, ELLIOTT, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 40 W 57TH ST FL 30

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

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

Name of Employer (for Individual) ELLIOTT MANAGEMENT GROUP	Occupation (for Individual) FOUNDER & CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

**Transaction ID : SA11A.523**

Amount of Each Receipt this Period  
2000000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. HARBERT, RAYMOND, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2913 SOUTHWOOD ROAD  
 City MOUNTAIN BRK State AL Zip Code 35223-1232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARBERT MANAGEMENT COMPANY Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11A.532**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. JOHNSON, CHARLES, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 SOUTH OCEAN BOULEVARD  
 City PALM BEACH State FL Zip Code 33480-5016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11A.533**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. MATHIESEN, J CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 112  
 City THE SEA RANCH State CA Zip Code 95497-0112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11A.529**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	101000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. PATTERSON, JAMES, A.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10000 SHELBYVILLE ROAD  
 City LOUISVILLE State KY Zip Code 40223-2950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11A.530**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**B. WHI, INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5986 FINANCIAL DRIVE  
 City NORCROSS State GA Zip Code 30071-2949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11A.531**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item  
**CONTRIBUTION**

**C. CARSON, RUSSELL, L.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 930 FIFTH AVENUE  
 City NEW YORK State NY Zip Code 10021-2651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WELSH, CARSON, ANDERSON & STOWE Occupation (for Individual) GENERAL PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.545**  
 Amount of Each Receipt this Period 150000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. CHAMBERS, JOHN, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3230 ALEXIS DRIVE  
 City PALO ALTO State CA Zip Code 94304-1331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CISCO SYSTEMS Occupation (for Individual) CHAIRMAN, PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.544**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**B. CLICK, JIM, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6403 E. MIRAMAR DRIVE  
 City TUCSON State AZ Zip Code 85715-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JIM CLICK AUTOMOTIVE Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.538**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. LEON, BENJAMIN, , , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9100 ARVIDA DRIVE  
 City CORAL GABLES State FL Zip Code 33156-2308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEON MEDICAL CENTERS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.541**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70000.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. LEON, BENJAMIN, , , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 LEUCADENDRA DRIVE  
 City CORAL GABLES State FL Zip Code 33156-2332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEON MEDICAL CENTERS Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.540**  
 Amount of Each Receipt this Period 60000.00  
 Memo Item CONTRIBUTION

**B. LEON-VEGA, LOURDES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10101 LAKESIDE DRIVE  
 City CORAL GABLES State FL Zip Code 33156-3407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEON MEDICAL CENTERS Occupation (for Individual) SVP, DIRECTOR OF OPERATIONAL /  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.542**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item CONTRIBUTION

**C. QVALE, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1326 SABAL CHASE  
 City PALM BEACH GARDENS State FL Zip Code 33418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) QM MANAGEMENT, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.548**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. STEPHENS, DONALD, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 CALIFORNIA STREET  
 City SAN FRANCISCO State CA Zip Code 94104-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STEPHENS & CO. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.549**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
**CONTRIBUTION**

**B. TABOR, A., WELLFORD, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2311 FOREST DRIVE  
 City CHARLOTTE State NC Zip Code 28211-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KEENELAND CAPITAL Occupation (for Individual) MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.546**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
**CONTRIBUTION**

**C. PETRODOME ENERGY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4203 YOAKUM BOULEVARD SUITE 200  
 City HOUSTON State TX Zip Code 77006-5455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11A.550**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. CASTELLINI, ROBERT, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 312 ELM STREET  
 SUITE 2600

City CINCINNATI State OH Zip Code 45202-2728

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

Name of Employer (for Individual) CASTELLINI MANAGEMENT COMPANY Occupation (for Individual) CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.560**

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

**B. FOX, SAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7701 FORSYTH BLVD

City SAINT LOUIS State MO Zip Code 63105-1818

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

Name of Employer (for Individual) THE HARBOUR GROUP Occupation (for Individual) CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.557**

Amount of Each Receipt this Period 250000.00

Memo Item CONTRIBUTION

**C. GOODWIN, ALICE, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 EAST CANAL STREET  
 SUITE 1900

City RICHMOND State VA Zip Code 23219-3955

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

Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.553**

Amount of Each Receipt this Period 50000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. GOODWIN, WILLIAM, H., , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 EAST CANAL STREET  
 SUITE 1900  
 City RICHMOND State VA Zip Code 23219-3955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.552**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. HUMPHREYS, DAVID, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 4050  
 City JOPLIN State MO Zip Code 64803-4050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TAMKO BUILDING PROJECTS, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.558**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

**C. PFAU, NORMAN, E., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2703 UTICA PIKE  
 City JEFFERSONVILLE State IN Zip Code 47130-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEO. PFAU'S SONS CO. INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.556**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 29 OF 108  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. TAUBMAN, NICK, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2818 AVENHAM AVENUE  
 City ROANOKE State VA Zip Code 24014-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.551**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. WEBSTER, STEVEN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 DALLAS STREET SUITE 2300  
 City HOUSTON State TX Zip Code 77002-4724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AVISTA CAPITAL PARTNERS Occupation (for Individual) CO-MANAGING PARTNER AND CO-C  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.555**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**C. AGS VENTURES II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 COLUMBUS AVENUE  
 City NEW YORK State NY Zip Code 10023-5802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11A.561**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. ENTREPRENEURIAL CAPITAL CORPORATION**

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

Mailing Address 4100 NEWPORT PLACE  
SUITE 400

City NEWPORT BEACH State CA Zip Code 92660-2450

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
10 / 31 / 2016

**Transaction ID : SA11A.554**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**B. DEVOS, HELEN, J., ,**

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

Mailing Address 126 OTTAWA AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503-2882

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

Name of Employer (for Individual) Occupation (for Individual)  
RDV CORPORATION EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525000.00

Date of Receipt  
11 / 01 / 2016

**Transaction ID : SA11A.565**

Amount of Each Receipt this Period  
375000.00

Memo Item  
CONTRIBUTION

**C. DEVOS, RICHARD, M., , SR**

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

Mailing Address 126 OTTAWA AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503-2882

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

Name of Employer (for Individual) Occupation (for Individual)  
RDV CORPORATION EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
525000.00

Date of Receipt  
11 / 01 / 2016

**Transaction ID : SA11A.564**

Amount of Each Receipt this Period  
375000.00

Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. STALNECKER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 SELBORNE DR.  
 City WILMINGTON State DE Zip Code 19807-1215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2016  
**Transaction ID : SA11A.567**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. EASTON, JAMES, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10800 WILSHIRE BOULEVARD SUITE 903  
 City LOS ANGELES State CA Zip Code 90024-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JAS. D. EASTON INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11A.570**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**C. EASTON, PHYLLIS, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10800 WILSHIRE BOULEVARD SUITE 903  
 City LOS ANGELES State CA Zip Code 90024-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11A.569**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. GAWALUCK, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 883 CURTISWOOD LANE  
 City NASHVILLE State TN Zip Code 37204-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11A.571**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. GANZI, VICTOR, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 CENTRAL PARK SOUTH APT. 28E  
 City NEW YORK State NY Zip Code 10019-1579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11A.576**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. GARATONI, LAWRENCE, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4100 EDISON LAKES PARKWAY SUITE 260  
 City MISHAWAKA State IN Zip Code 46545-3470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HQ INVESTMENTS Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11A.577**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76000.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. IMMELT, JEFFREY, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 WEST ROAD  
 City NEW CANAAN State CT Zip Code 06840-2518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 90000.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11A.574**  
 Amount of Each Receipt this Period 40000.00  
 Memo Item CONTRIBUTION

**B. MCNAIR, ROBERT, C., , SR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address NRG STADIUM TWO NRG PARK  
 City HOUSTON State TX Zip Code 77054-1573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOUSTON TEXANS Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500000.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11A.573**  
 Amount of Each Receipt this Period 500000.00  
 Memo Item CONTRIBUTION

**C. RAETHER, PAUL, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 WEST 57TH STREET SUITE 4200  
 City NEW YORK State NY Zip Code 10019-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KKR Occupation (for Individual) MEMBER & HEAD OF PORTFOLIO MA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11A.575**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	640000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. COLBURN, RICHARD, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 SKOKIE BOULEVARD  
 SUITE 555

City NORTHBROOK State IL Zip Code 60062-2854

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

Name of Employer (for Individual) PAYROLL & INSURANCE GROUP, INC. Occupation (for Individual) EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200000.00

Date of Receipt  
 11 / 07 / 2016  
**Transaction ID : SA11A.582**

Amount of Each Receipt this Period  
 200000.00

Memo Item  
 CONTRIBUTION

**B. KLINSKY, STEVEN, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 787 7TH AVENUE  
 49TH FLOOR

City NEW YORK State NY Zip Code 10019-6018

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

Name of Employer (for Individual) NEW MOUNTAIN CAPITAL Occupation (for Individual) CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 60000.00

Date of Receipt  
 11 / 07 / 2016  
**Transaction ID : SA11A.583**

Amount of Each Receipt this Period  
 60000.00

Memo Item  
 CONTRIBUTION

**C. SCHWARTZ, ALAN, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 MADISON AVENUE

City NEW YORK State NY Zip Code 10017-5001

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

Name of Employer (for Individual) GUGGENHEIM PARTNERS Occupation (for Individual) INVESTMENT ADVISOR

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 11 / 07 / 2016  
**Transaction ID : SA11A.585**

Amount of Each Receipt this Period  
 10000.00

Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. SCHWARTZ, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 EAST 88TH STREET  
 City NEW YORK State NY Zip Code 10128-0555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11A.584**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 CONTRIBUTION

**B. SILVERMAN, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1445 16TH STREET  
 City MIAMI BEACH State FL Zip Code 33139-2147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11A.580**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item  
 CONTRIBUTION

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27787800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 108
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. TENNESSEE REPUBLICAN PARTY FEDERAL VICTORY ACCOUNT**

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

Mailing Address 2424 21ST AVENUE  
SUITE 200

City NASHVILLE State TN Zip Code 37212-5315

FEC ID number of contributing federal political committee. **C** C00040220

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

**Transaction ID : SA11B.543**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B.**

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50000.00
<b>TOTAL</b> This Period (last page this line number only).....	50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. NEVER MEANS NEVER PAC**

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

Mailing Address 610 SOUTH BOULEVARD

City TAMPA	State FL	Zip Code 33606-2647
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00610907

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

**Transaction ID : SA11C.463**

Amount of Each Receipt this Period  
20000.00

Memo Item  
CONTRIBUTION

**B. BLUEGRASS COMMITTEE**

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

Mailing Address 228 S WASHINGTON ST  
SUITE 155

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

**Transaction ID : SA11C.474**

Amount of Each Receipt this Period  
125000.00

Memo Item  
CONTRIBUTION

**C. COMMON VALUES PAC**

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

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA	State VA	Zip Code 22314-1535
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00442368

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2016

**Transaction ID : SA11C.467**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	245000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. AMERICAN CROSSROADS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 34413

City WASHINGTON	State DC	Zip Code 20043
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016  
**Transaction ID : SA17.1102**

Amount of Each Receipt this Period  
500000.00

Memo Item  
CONTRIBUTION

**B. BLUEGRASS COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 228 S WASHINGTON ST  
SUITE 155

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016  
**Transaction ID : SA11C.490**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. FREE STATE PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2116 INVERNESS DRIVE

City LAWRENCE	State KS	Zip Code 66047-1959
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00455717

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
60000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2016  
**Transaction ID : SA11C.496**

Amount of Each Receipt this Period  
60000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. FREEDOM FUND**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 8TH STREET NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C** C00390674

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  
10 / 24 / 2016  
**Transaction ID : SA11C.493**

Amount of Each Receipt this Period  
250000.00

Memo Item  
CONTRIBUTION

**B. HEARTLAND VALUES PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 505

City SIOUX FALLS State SD Zip Code 57101-0505

FEC ID number of contributing federal political committee. **C** C00409003

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
10 / 24 / 2016  
**Transaction ID : SA11C.494**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**C. ORRINPAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 WISCONSIN AVENUE NW  
SUITE 570

City WASHINGTON State DC Zip Code 20007-3678

FEC ID number of contributing federal political committee. **C** C00235572

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
10 / 24 / 2016  
**Transaction ID : SA11C.491**

Amount of Each Receipt this Period  
500000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. PROMOTING OUR REPUBLICAN TEAM PAC**

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

Mailing Address 9856 ARCHER LANE

City DUBLIN	State OH	Zip Code 43017-8914
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00440032

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

**Transaction ID : SA11C.504**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. SAVE AMERICA**

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

Mailing Address 407 W JEFFERSON STREET

City BOISE	State ID	Zip Code 83702-6049
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00461723

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

**Transaction ID : SA11C.502**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. TOMORROW IS MEANINGFUL PAC**

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

Mailing Address PO BOX 347

City HAYMARKET	State VA	Zip Code 20168-0347
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2016

**Transaction ID : SA11C.524**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**

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

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG	State IL	Zip Code 60173-4973
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

**Transaction ID : SA11A.539**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**B. SASSE PAC**

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

Mailing Address 332 WEST LEE HIGHWAY  
SUITE 303

City WARRENTON	State VA	Zip Code 20186-2428
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00571802

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40980.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

**Transaction ID : SA11A.547**

Amount of Each Receipt this Period  
40980.00

Memo Item  
CONTRIBUTION

**C. ALAMO PAC**

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

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City ALEXANDRIA	State VA	Zip Code 22314-5404
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00387464

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

**Transaction ID : SA11C.559**

Amount of Each Receipt this Period  
115000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205980.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. ALAMO PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00387464

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
11 / 02 / 2016  
**Transaction ID : SA11C.568**

Amount of Each Receipt this Period  
35000.00

Memo Item  
CONTRIBUTION

**B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173-4973

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
11 / 07 / 2016  
**Transaction ID : SA11A.581**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85000.00
<b>TOTAL</b> This Period (last page this line number only).....	2145980.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. MAIN STREET MEDIA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 25093

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
508574.77

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		28		2016

**Transaction ID : SA15.1100**

Amount of Each Receipt this Period  
508574.77

Memo Item  
VENDOR REFUND - TV / MEDIA PLACEMENT

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508574.77
<b>TOTAL</b> This Period (last page this line number only).....	508574.77

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 44 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input 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)  
**Senate Leadership Fund**

**A. ONE NATION**

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

Mailing Address 45 NORTH HILL DRIVE SUITE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20200000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		21		2016

**Transaction ID : SA17.1101**

Amount of Each Receipt this Period  
9200000.00

Memo Item  
**CONTRIBUTION**

**B.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9200000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I942**

Amount of Each Disbursement this Period

289.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. GS STRATEGY GROUP LLC**

Mailing Address 702 W IDAHO STE, STE 700

City  
BOISE

State  
ID

Zip Code  
83702

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I964**

Amount of Each Disbursement this Period

43740.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK**

Mailing Address 45 NORTH HILL DRIVE, STE 100

City  
WARRENTON

State  
VA

Zip Code  
20186

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I967**

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

59029.15

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES**

Mailing Address 600 FAIRMOUNT AVE  
STE 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2016

FEC Identification Number

C [ ]

**Transaction ID : 1**

Amount of Each Disbursement this Period

[ ] -366625.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MENTZER MEDIA SERVICES**

Mailing Address 600 FAIRMOUNT AVE  
STE 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2016

FEC Identification Number

C [ ]

**Transaction ID : 2**

Amount of Each Disbursement this Period

[ ] -546875.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PUBLIC OPINION STRATEGIES LLC**

Mailing Address 214 NORTH FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2016

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I974**

Amount of Each Disbursement this Period

[ ] 32500.00

Memo Item

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

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

[ ] -881000.00

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I943**

Amount of Each Disbursement this Period

[ ] 2890.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. PUBLIC OPINION STRATEGIES LLC**

Mailing Address 214 NORTH FAYETTE STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I975**

Amount of Each Disbursement this Period

[ ] 55500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I984**

Amount of Each Disbursement this Period

[ ] 2200.60

Memo Item

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

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

[ ] 60590.75

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. THE TARRANCE GROUP**

Mailing Address 201 N UNION ST, STE 410

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I987**

Amount of Each Disbursement this Period

[ ] 86552.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I944**

Amount of Each Disbursement this Period

[ ] 2890.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I945**

Amount of Each Disbursement this Period

[ ] 4867.15

Memo Item

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

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

[ ] 94309.98

[ ]



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WIDGETMAKR**

Mailing Address 153 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I992  
Amount of Each Disbursement this Period  
135.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I985  
Amount of Each Disbursement this Period  
55.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City FORT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I946  
Amount of Each Disbursement this Period  
289.15

Memo Item

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

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

479.73

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C

Transaction ID : SB21B.I947

Amount of Each Disbursement this Period

2667.55

Memo Item

Full Name (Last, First, Middle Initial)

**B. AXIS RESEARCH INC**

Mailing Address 107 S WEST STREET, PMB 148

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C

Transaction ID : SB21B.I955

Amount of Each Disbursement this Period

28560.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PUBLIC OPINION STRATEGIES LLC**

Mailing Address 214 NORTH FAYETTE STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2016			

FEC Identification Number

C

Transaction ID : SB21B.I976

Amount of Each Disbursement this Period

123000.00

Memo Item

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

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

154227.55

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. THE TARRANCE GROUP**

Mailing Address 201 N UNION ST, STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement POLLING

Candidate Name

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

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I988**

Amount of Each Disbursement this Period: 54603.72

Memo Item

Full Name (Last, First, Middle Initial)  
**B. VOTER / CONSUMER RESEARCH INC**

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement POLLING

Candidate Name

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

State: District:

Date of Disbursement: 10 / 27 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I990**

Amount of Each Disbursement this Period: 23100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City FORT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I948**

Amount of Each Disbursement this Period: 10.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 77714.29

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043

Purpose of Disbursement  
OVERHEAD AND ADMINISTRATIVE SERVICES FEE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2016

FEC Identification Number

C C00487363

Transaction ID : SB21B.I939

Amount of Each Disbursement this Period

60800.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City FORT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I949

Amount of Each Disbursement this Period

1011.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City FORT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I950

Amount of Each Disbursement this Period

577.14

Memo Item

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

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

62388.94

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. WIDGETMAKR</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 153 SPRING HILL ROAD, STE 400		FEC Identification Number C <b>Transaction ID : SB21B.I993</b> Amount of Each Disbursement this Period 309.89
City TYSONS CORNER	State VA	
Zip Code 22182		Memo Item <input type="checkbox"/>
Purpose of Disbursement CREDIT CARD PROCESSING FEES		
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:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS - FEES</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address P.O. BOX 36001		FEC Identification Number C <b>Transaction ID : SB21B.I951</b> Amount of Each Disbursement this Period 722.65
City FORT LAUDERDALE	State FL	
Zip Code 33336		Memo Item <input type="checkbox"/>
Purpose of Disbursement CREDIT CARD PROCESSING FEES		
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:		

Full Name (Last, First, Middle Initial) <b>C. ARCHIMEDIA</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 45 NORTH HILL DR, STE 100		FEC Identification Number C <b>Transaction ID : SB21B.I954</b> Amount of Each Disbursement this Period 5000.00
City WARRENTON	State VA	
Zip Code 20186		Memo Item <input type="checkbox"/>
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6032.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. CFC CONSULTING INC</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 4100 OLD FLORIDA SHORT ROUTE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I958</b> Amount of Each Disbursement this Period [ ] 2000.00
City MOUNTAIN BROOK	State AL	Zip Code 35243
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RED OAK STRATEGIC LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address P.O. BOX 2561		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I978</b> Amount of Each Disbursement this Period [ ] 4464.25
City ALEXANDRIA	State VA	Zip Code 22301
Purpose of Disbursement CONSULTING, ADVOCACY		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RIVERWOOD STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 439 E SHORE DRIVE, STE 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I980</b> Amount of Each Disbursement this Period [ ] 2500.00
City EAGLE	State ID	Zip Code 83616
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

8964.25

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. ROCK CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 5382 MEADOWBROOK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I981</b> Amount of Each Disbursement this Period [ ] 2737.50
City BIRMINGHAM	State AL	Zip Code 35242
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS - FEES</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address P.O. BOX 36001		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I952</b> Amount of Each Disbursement this Period [ ] 49.05
City FORT LAUDERDALE	State FL	Zip Code 33336
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BLACK ROCK GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016
Mailing Address 66 CANAL CENTER PLAZA, STE 555		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I956</b> Amount of Each Disbursement this Period [ ] 4165.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CONSULTING, ADVOCACY		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6951.55
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. CONSTON COMMUNICATIONS LLC**

Date of Disbursement:  /  /

Mailing Address: 1758 U STREET NW, UNIT 3

City: WASHINGTON State: DC Zip Code: 20009

Purpose of Disbursement: CONSULTING, COMMUNICATIONS

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number:   
**Transaction ID : SB21B.I960**  
Amount of Each Disbursement this Period:   
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. GS STRATEGY GROUP LLC**

Date of Disbursement:  /  /

Mailing Address: 702 W IDAHO STE, STE 700

City: BOISE State: ID Zip Code: 83702

Purpose of Disbursement: POLLING

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number:   
**Transaction ID : SB21B.I965**  
Amount of Each Disbursement this Period:   
 Memo Item

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

Date of Disbursement:  /  /

Mailing Address: 915 E STREET NW, #613

City: WASHINGTON State: DC Zip Code: 20004

Purpose of Disbursement: DONOR DEVELOPMENT

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number:   
**Transaction ID : SB21B.I966**  
Amount of Each Disbursement this Period:   
 Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. HOLTZMAN VOGEL JOSEFIK**

Mailing Address 45 NORTH HILL DRIVE, STE 100

City  
WARRENTON

State  
VA

Zip Code  
20186

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I968**

Amount of Each Disbursement this Period

[REDACTED] 15061.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVE

City  
CORAL GABLES

State  
FL

Zip Code  
33146

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I969**

Amount of Each Disbursement this Period

[REDACTED] 110000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROCK CONSULTING LLC**

Mailing Address 5382 MEADOWBROOK ROAD

City  
BIRMINGHAM

State  
AL

Zip Code  
35242

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I982**

Amount of Each Disbursement this Period

[REDACTED] 145.73

Memo Item

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

[REDACTED] 125206.73

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. VOTER / CONSUMER RESEARCH INC**

Mailing Address P.O. BOX 130607

City HOUSTON State TX Zip Code 77219

Purpose of Disbursement POLLING

Candidate Name

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

State: District:

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I991

Amount of Each Disbursement this Period: 23100.00

Memo Item

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

Mailing Address 153 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I994

Amount of Each Disbursement this Period: 47.34

Memo Item

Full Name (Last, First, Middle Initial)  
**C. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City FORT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

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

State: District:

Date of Disbursement: 11 / 09 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I953

Amount of Each Disbursement this Period: 1445.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 24592.49

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. BMO CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address P.O. BOX 9891		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I957</b> Amount of Each Disbursement this Period 3375.00
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PUBLIC OPINION STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I977</b> Amount of Each Disbursement this Period 6000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLLING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RUNSWITCH LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address 9300 SHELBYVILLE ROAD, STE 1005		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I983</b> Amount of Each Disbursement this Period 3300.00
City LOUISVILLE	State KY	Zip Code 40222
Purpose of Disbursement CONSULTING, MEDIA		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2016	
Mailing Address P.O. BOX 1270		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I941</b> Amount of Each Disbursement this Period [ ] 3113.06	
City NEWARK	State NJ	Zip Code 07101	Category/ Type [ ]
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO ENTRIES			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. AMAZON</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2016	
Mailing Address 410 TERRY AVENUE N		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I997</b> Amount of Each Disbursement this Period [ ] 3.96	
City SEATTLE	State WA	Zip Code 98109	Category/ Type [ ]
Purpose of Disbursement OFFICE SUPPLIES			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. AMAZON</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2016	
Mailing Address 410 TERRY AVENUE N		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I998</b> Amount of Each Disbursement this Period [ ] 270.00	
City SEATTLE	State WA	Zip Code 98109	Category/ Type [ ]
Purpose of Disbursement SUBSCRIPTIONS			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3113.06
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. BROOK FURNITURE RENTAL INC**

Full Name (Last, First, Middle Initial)

Mailing Address 100 FIELD DRIVE, STE 200

City LAKE FOREST State IL Zip Code 60045

Purpose of Disbursement OFFICE FURNITURE RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I999

Amount of Each Disbursement this Period: 364.21

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1001

Amount of Each Disbursement this Period: 375.00

Memo Item

**C. COMCAST**

Full Name (Last, First, Middle Initial)

Mailing Address 900 MICHIGAN AVE NW

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement UTILITIES - INTERNET

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1002

Amount of Each Disbursement this Period: 46.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. CONFERENCE AMERICA**

Mailing Address 7079 UNIVERSITY CT

City MONTGOMERY State AL Zip Code 36117

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I1003  
Amount of Each Disbursement this Period  
109.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I1006  
Amount of Each Disbursement this Period  
281.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUERNSEY OFFICE PRODUCTS**

Mailing Address 45070 OLD OX RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I1007  
Amount of Each Disbursement this Period  
143.44

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. LAZ PARKING**

Mailing Address 1615 L ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PARKING

Candidate Name

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

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1009

Amount of Each Disbursement this Period: 203.75

Memo Item

Full Name (Last, First, Middle Initial)  
**B. LEXIS-NEXIS**

Mailing Address 9393 SPRINGBORO PIKE

City MIAMISBURG State OH Zip Code 45342

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

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

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1010

Amount of Each Disbursement this Period: 695.09

Memo Item

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

Mailing Address 50 COMMERCE WAY

City NORTON State MA Zip Code 02766

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

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

State: District:

Date of Disbursement: 11 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I1011

Amount of Each Disbursement this Period: 39.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2016
Mailing Address TWO VERIZON PLACE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I1017</b> Amount of Each Disbursement this Period [REDACTED] 278.75
City ALPHARETTA	State GA	Zip Code 30004
Purpose of Disbursement CELL PHONES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PRIOR, IAN, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I973</b> Amount of Each Disbursement this Period [REDACTED] 11.86
City WASHINGTON	State DC	Zip Code 20043
Purpose of Disbursement REIMBURSEMENT - TAXIS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RICHARD SALES MEDIA</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 1702 E HIGHLAND AVE SUITE 408		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.I979</b> Amount of Each Disbursement this Period [REDACTED] 20911.00
City PHOENIX	State AZ	Zip Code 85016
Purpose of Disbursement MEDIA CONULTING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 20922.86
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. THE SAHL COMPANY</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 16714 FITZHUGH ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I986</b> Amount of Each Disbursement this Period [ ] 1323.40
City DRIPPING SPRINGS	State TX	Zip Code 78620
Purpose of Disbursement DONOR DEVELOPMENT		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. THE TARRANCE GROUP</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2016
Mailing Address 201 N UNION ST, STE 410		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I989</b> Amount of Each Disbursement this Period [ ] 29215.46
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLLING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN CROSSROADS</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016
Mailing Address P.O. BOX 34413		FEC Identification Number C C00487363 <b>Transaction ID : SB21B.I940</b> Amount of Each Disbursement this Period [ ] 60800.00
City WASHINGTON	State DC	Zip Code 20043
Purpose of Disbursement OVERHEAD AND ADMINISTRATIVE SERVICES FEE		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 91338.86
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVE

City CORAL GABLES State FL Zip Code 33146

Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2016

FEC Identification Number

C

Transaction ID : SB21B.I970

Amount of Each Disbursement this Period

212625.02

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

212625.02

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

148300.53



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">26</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">10000.00</span> </div>
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/26/2016</b>	
Name of Federal Candidate: <b>MCGINTY, KATHLEEN, ALANA, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other    State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15297059.48</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">26</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">10000.00</span> </div>
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/26/2016</b>	
Name of Federal Candidate: <b>KANDER, JASON, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other    State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">11302328.48</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">20000.00</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

  /  /    
10 / 26 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>ARENA ONLINE</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <input type="text"/>
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84104</b>	<b>Transaction ID : SE24.1021</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/31/2016</b> Category/Type <input type="text"/>	Name of Federal Candidate: <b>KANDER, JASON, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>11302328.48</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>ARENA ONLINE</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <input type="text"/>
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84104</b>	<b>Transaction ID : SE24.1022</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 11/02/2016</b> Category/Type <input type="text"/>	Name of Federal Candidate: <b>KANDER, JASON, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>11302328.48</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> <b>269000.00</b>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">180000.00</div> Transaction ID : <b>SE24.1023</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 11/02/2016</b> Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>MCGINTY, KATHLEEN, ALANA, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">15297059.48</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAVALRY</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016
Mailing Address <b>1634 EYE ST NW STE 800</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">180000.00</div> Transaction ID : <b>SE24.1024</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/25/2016</b> Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>ROSS, DEBORAH, K, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13688789.92</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">360000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00571703             </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAVALRY</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
Mailing Address 1634 EYE ST NW STE 800	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     25000.00                 </div> <b>Transaction ID : SE24.1025</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
City WASHINGTON    State DC    Zip Code 20006	
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 11/02/2016    Category/Type <span style="border: 1px solid black; padding: 0 5px;"> </span>	
Name of Federal Candidate: ROSS, DEBORAH, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;"> </span> 13688789.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016
Mailing Address P.O. BOX 2192	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     57733.18                 </div> <b>Transaction ID : SE24.1026</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016
City ARLINGTON    State VA    Zip Code 22202	
Purpose of Expenditure PHONE CALLS - FILED ON 11/03/2016    Category/Type <span style="border: 1px solid black; padding: 0 5px;"> </span>	
Name of Federal Candidate: BLUNT, ROY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MO
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;"> </span> 11302328.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 82733.18             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                               </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                               </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
CONNECTION STRATEGY, LLC
Mailing Address
P.O. BOX 2192
City
ARLINGTON State
VA Zip Code
22202
Purpose of Expenditure
PHONE CALLS - FILED ON 11/03/2016
Category/Type
Amount
89204.53
Transaction ID : SE24.1027
Date of Disbursement or Obligation
11 / 02 / 2016

Name of Federal Candidate:
Burr, Richard, ,
Support
Office Sought:
House
Senate
District:
State: NC
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
DMM MEDIA
Mailing Address
1911 N. FORT MYER DRIVE
STE 400
City
ARLINGTON State
VA Zip Code
22209
Purpose of Expenditure
TV/MEDIA PRODUCTION - FILED ON 10/24/2016
Category/Type
Amount
12834.54
Transaction ID : SE24.1028
Date of Disbursement or Obligation
10 / 24 / 2016

Name of Federal Candidate:
Bayh, Evan, ,
Oppose
Office Sought:
House
Senate
District:
State: IN
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
102039.07
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

11 / 03 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">25</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address <b>1911 N. FORT MYER DRIVE STE 400</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2844.29</div>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22209</b>	
Purpose of Expenditure <b>RADIO PRODUCTION - FILED ON 10/25/2016</b> Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>	
Name of Federal Candidate: <b>MCGINTY, KATHLEEN, ALANA, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other    State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">15297059.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">24</span> / <span style="font-size: 1.2em;">2016</span> </div>
Mailing Address <b>1911 N. FORT MYER DRIVE STE 400</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3628.92</div>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22209</b>	
Purpose of Expenditure <b>RADIO PRODUCTION - FILED ON 10/25/2016</b> Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>	
Name of Federal Candidate: <b>BAYH, EVAN, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other    State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">11909319.29</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">6473.21</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

  /  /  

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">25</span> / <span style="font-size: 24px; font-weight: bold;">2016</span> </div>		
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12739.24</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City ARLINGTON</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22209</td> </tr> </table>		City ARLINGTON	State VA
City ARLINGTON	State VA	Zip Code 22209	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/25/2016	Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>		

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">15297059.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">28</span> / <span style="font-size: 24px; font-weight: bold;">2016</span> </div>		
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City ARLINGTON</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22209</td> </tr> </table>		City ARLINGTON	State VA
City ARLINGTON	State VA	Zip Code 22209	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/28/2016	Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>		

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">15297059.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12889.24</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

  /  /    
10 / 25 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <input type="text"/>
City ARLINGTON State VA Zip Code 22209	Transaction ID : <b>SE24.1033</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/28/2016	Category/Type <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11975788.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <input type="text"/>
City ARLINGTON State VA Zip Code 22209	Transaction ID : <b>SE24.1034</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/29/2016	Category/Type <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11909319.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 24628.87
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00571703             </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11 / 01 / 2016</span>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">2931.59</span>
City ARLINGTON    State VA    Zip Code 22209	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 11/02/2016    Category/Type <span style="border: 1px solid black; padding: 2px;">  </span>	
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">15297059.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 31 / 2016</span>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">2979.68</span>
City ARLINGTON    State VA    Zip Code 22209	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/31/2016    Category/Type <span style="border: 1px solid black; padding: 2px;">  </span>	
Name of Federal Candidate: BAYH, EVAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: IN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">11909319.29</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;">5911.27</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

11 / 01 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
DMM MEDIA
Mailing Address
1911 N. FORT MYER DRIVE
STE 400
City
ARLINGTON
State
VA
Zip Code
22209
Purpose of Expenditure
TV/MEDIA PRODUCTION - FILED ON 10/31/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 31 / 2016
Amount
12944.21
Transaction ID : SE24.1037
Date of Disbursement or Obligation
10 / 31 / 2016

Name of Federal Candidate:
BAYH, EVAN, ,
Support Oppose
Office Sought:
House Senate
District:
State: IN
Calendar Year-To-Date
Per Election for Office Sought
11909319.29
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
DMM MEDIA
Mailing Address
1911 N. FORT MYER DRIVE
STE 400
City
ARLINGTON
State
VA
Zip Code
22209
Purpose of Expenditure
TV/MEDIA PRODUCTION - FILED ON 11/02/2016
Category/Type
Date of Public Distribution/Dissemination
11 / 01 / 2016
Amount
12892.44
Transaction ID : SE24.1038
Date of Disbursement or Obligation
11 / 01 / 2016

Name of Federal Candidate:
MCGINTY, KATHLEEN, ALANA,
Support Oppose
Office Sought:
House Senate
District:
State: PA
Calendar Year-To-Date
Per Election for Office Sought
15297059.48
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 25836.65
(a) SUBTOTAL of Unitemized Independent Expenditures .....
(a) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 31 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 25093		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.1039</b>
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/25/2016		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 25093		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.1040</b>
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/25/2016		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , [Electronically Filed] Date  /  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 25093	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	Transaction ID : <b>SE24.1041</b>
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/25/2016 Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 17271599.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 25093	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	Transaction ID : <b>SE24.1042</b>
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/25/2016 Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 17271599.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 2422482.97
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MAIN STREET MEDIA
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/25/2016
Category/Type
Date of Public Distribution/Dissemination 10/25/2016
Amount 188049.57
Transaction ID : SE24.1043
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MAIN STREET MEDIA
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/25/2016
Category/Type
Date of Public Distribution/Dissemination 10/25/2016
Amount 1264647.00
Transaction ID : SE24.1044
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA,
Support Oppose
Office Sought: House Senate State: PA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1452696.57
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10/25/2016

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MAIN STREET MEDIA
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/26/2016
Category/Type
Date of Public Distribution/Dissemination 10/26/2016
Amount 264387.27
Transaction ID : SE24.1045
Date of Disbursement or Obligation 10/25/2016

Name of Federal Candidate: HECK, JOE, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 17271599.02

Full Name of Payee MAIN STREET MEDIA
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/28/2016
Category/Type
Date of Public Distribution/Dissemination 10/28/2016
Amount 290367.90
Transaction ID : SE24.1046
Date of Disbursement or Obligation 10/26/2016

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 15297059.48

(a) SUBTOTAL of Itemized Independent Expenditures 554755.17
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , [Electronically Filed] Date 10/26/2016
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address P.O. BOX 25093	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">3044974.68</span> </div>
City ALEXANDRIA State VA Zip Code 22313	<b>Transaction ID : SE24.1047</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/28/2016	Category/Type <span style="border: 1px solid black; padding: 2px 10px;"> </span>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MASTO, CATHERINE, CORTEZ, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px 20px;"> </span> 17271599.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address P.O. BOX 25093	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">3159250.00</span> </div>
City ALEXANDRIA State VA Zip Code 22313	<b>Transaction ID : SE24.1048</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/29/2016	Category/Type <span style="border: 1px solid black; padding: 2px 10px;"> </span>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px 20px;"> </span> 11975788.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">6204224.68</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address <b>P.O. BOX 25093</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">136213.30</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22313</b>	<b>Transaction ID : SE24.1049</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure <b>RADIO PLACEMENT - FILED ON 11/02/2016</b>	Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">17271599.02</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Mailing Address <b>P.O. BOX 25093</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">190213.72</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22313</b>	<b>Transaction ID : SE24.1050</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span> </div>
Purpose of Expenditure <b>RADIO PLACEMENT - FILED ON 11/02/2016</b>	Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: <b>MCGINTY, KATHLEEN, ALANA, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15297059.48</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">326427.02</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 25093	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	<b>Transaction ID : SE24.1051</b>
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 11/02/2016 Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 15297059.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 25093	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	<b>Transaction ID : SE24.1052</b>
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 11/02/2016 Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 17271599.02	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 5490473.20
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

*[Electronically Filed]*

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">11</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">02</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2016</span> </div>
Mailing Address <b>P.O. BOX 25093</b>	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">1859182.25</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22313</b>	<b>Transaction ID : SE24.1053</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">31</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2016</span> </div>
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - FILED ON 11/03/2016</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Name of Federal Candidate: <b>FEINGOLD, RUSSELL, DANA, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2247575.60</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">11</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">02</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2016</span> </div>
Mailing Address <b>P.O. BOX 25093</b>	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">141741.79</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22313</b>	<b>Transaction ID : SE24.1054</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">11</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">01</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2016</span> </div>
Purpose of Expenditure <b>RADIO PLACEMENT - FILED ON 11/03/2016</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">  /  /  </span>
Name of Federal Candidate: <b>FEINGOLD, RUSSELL, DANA, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2247575.60</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">2000924.04</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">  </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">  </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

*[Electronically Filed]*

Date

  /  /    
11 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2016
Mailing Address <b>P.O. BOX 25093</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">625093.83</div>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - FILED ON 11/03/2016</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
Name of Federal Candidate: <b>MCGINTY, KATHLEEN, ALANA, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;">15297059.48</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAJORITY STRATEGIES, INC.</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016
Mailing Address <b>12854 KENAN DRIVE SUITE 145</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">300000.00</div>
City <b>JACKSONVILLE</b>	State <b>FL</b>	Zip Code <b>32258</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/25/2016</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016
Name of Federal Candidate: <b>ROSS, DEBORAH, K, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;">13688789.92</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">925093.83</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
TV/MEDIA PRODUCTION / RADIO PRODUCTION - FILED ON
10/21/2016
Category/Type
Amount
13427.16
Transaction ID : SE24.1057
Date of Disbursement or Obligation
10 / 21 / 2016

Name of Federal Candidate:
ROSS, DEBORAH, K,
Support Oppose
Office Sought:
House Senate State: NC
Disbursement For:
Primary General 2016
Other (specify)

Full Name of Payee
MCCARTHY HENNINGS WHALEN, INC.
Mailing Address
1850 M STREET NW
SUITE 235
City
WASHINGTON State
DC Zip Code
20036
Purpose of Expenditure
WEB AD - FILED ON 10/25/2016
Category/Type
Amount
1944.88
Transaction ID : SE24.1058
Date of Disbursement or Obligation
10 / 25 / 2016

Name of Federal Candidate:
ROSS, DEBORAH, K,
Support Oppose
Office Sought:
House Senate State: NC
Disbursement For:
Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15372.04
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 21 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MCCARTHY HENNINGS WHALEN, INC.</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2016
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15995.13</div>
City WASHINGTON State DC Zip Code 20036		
Purpose of Expenditure TV/MEDIA PRODUCTION / RADIO PRODUCTION - FILED ON 10/31/2016		Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2016
Name of Federal Candidate: ROSS, DEBORAH, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">13688789.92</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MCCARTHY HENNINGS WHALEN, INC.</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016
Mailing Address 1850 M STREET NW SUITE 235		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15806.56</div>
City WASHINGTON State DC Zip Code 20036		
Purpose of Expenditure TV/MEDIA PRODUCTION / RADIO PRODUCTION - FILED ON 11/03/2016		Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016
Name of Federal Candidate: FEINGOLD, RUSSELL, DANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: WI
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">2247575.60</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">31801.69</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON
10/21/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 21 / 2016
Amount
1566729.50
Transaction ID : SE24.1061
Date of Disbursement or Obligation
10 / 20 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: MO
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON
10/22/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 22 / 2016
Amount
429187.50
Transaction ID : SE24.1062
Date of Disbursement or Obligation
10 / 21 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: MO
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1995917.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 21 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016	
Mailing Address 600 FAIRMOUNT AVE STE 306		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1409599.63</div>	
City TOWSON	State MD	Zip Code 21286	Transaction ID : <b>SE24.1063</b>
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/25/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2016
Name of Federal Candidate: BAYH, EVAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11909319.29</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016	
Mailing Address 600 FAIRMOUNT AVE STE 306		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1869860.13</div>	
City TOWSON	State MD	Zip Code 21286	Transaction ID : <b>SE24.1064</b>
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/25/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2016
Name of Federal Candidate: ROSS, DEBORAH, K, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13688789.92</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3279459.76</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MENTZER MEDIA SERVICES
Mailing Address 600 FAIRMOUNT AVE STE 306
City TOWSON State MD Zip Code 21286
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/25/2016
Category/Type
Date of Public Distribution/Dissemination 10/25/2016
Amount 800625.00
Transaction ID : SE24.1065
Date of Disbursement or Obligation 10/24/2016

Name of Federal Candidate: KANDER, JASON, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MENTZER MEDIA SERVICES
Mailing Address 600 FAIRMOUNT AVE STE 306
City TOWSON State MD Zip Code 21286
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/28/2016
Category/Type
Date of Public Distribution/Dissemination 10/28/2016
Amount 2292937.50
Transaction ID : SE24.1066
Date of Disbursement or Obligation 10/27/2016

Name of Federal Candidate: ROSS, DEBORAH, K, ,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3093562.50
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10/25/2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2016</div>
Mailing Address 600 FAIRMOUNT AVE STE 306	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">385000.00</div> <b>Transaction ID : SE24.1067</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>
City State Zip Code TOWSON MD 21286	
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/29/2016 Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">13688789.92</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>
Mailing Address 600 FAIRMOUNT AVE STE 306	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">441000.00</div> <b>Transaction ID : SE24.1068</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 28 / 2016</div>
City State Zip Code TOWSON MD 21286	
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/31/2016 Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">11909319.29</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">826000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

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

10 / 29 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 600 FAIRMOUNT AVE STE 306	Amount <input type="text"/> 590625.00 <b>Transaction ID : SE24.1069</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City TOWSON State MD Zip Code 21286	
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/29/2016 Category/Type <input type="text"/>	

Name of Federal Candidate: ROSS, DEBORAH, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13688789.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 600 FAIRMOUNT AVE STE 306	Amount <input type="text"/> 1048687.50 <b>Transaction ID : SE24.1070</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City TOWSON State MD Zip Code 21286	
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/29/2016 Category/Type <input type="text"/>	

Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 11302328.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 1639312.50
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON
10/29/2016
Category/Type
Amount
1854387.50
Transaction ID : SE24.1071
Date of Disbursement or Obligation
10 / 28 / 2016

Name of Federal Candidate:
BAYH, EVAN, ,
Support Oppose
Office Sought:
House Senate
District:
State: IN
Calendar Year-To-Date
Per Election for Office Sought
11909319.29
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT - FILED ON 10/31/2016
Category/Type
Amount
262500.00
Transaction ID : SE24.1072
Date of Disbursement or Obligation
10 / 31 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support Oppose
Office Sought:
House Senate
District:
State: MO
Calendar Year-To-Date
Per Election for Office Sought
11302328.48
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2116887.50
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 29 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee MENTZER MEDIA SERVICES
Mailing Address 600 FAIRMOUNT AVE STE 306
City TOWSON State MD Zip Code 21286
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 11/02/2016
Category/Type
Date of Public Distribution/Dissemination 11/01/2016
Amount 323750.00
Transaction ID : SE24.1073
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: KANDER, JASON, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee MENTZER MEDIA SERVICES
Mailing Address 600 FAIRMOUNT AVE STE 306
City TOWSON State MD Zip Code 21286
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 11/02/2016
Category/Type
Date of Public Distribution/Dissemination 11/01/2016
Amount 525000.00
Transaction ID : SE24.1074
Date of Disbursement or Obligation 10/31/2016

Name of Federal Candidate: ROSS, DEBORAH, K,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 848750.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

11/01/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT - FILED ON 11/03/2016
Category/Type
Date of Public Distribution/Dissemination
11 / 02 / 2016
Amount
700000.00
Transaction ID : SE24.1075
Date of Disbursement or Obligation
11 / 02 / 2016

Name of Federal Candidate:
BAYH, EVAN, ,
Support Oppose
Office Sought:
House Senate
District:
State: IN
Calendar Year-To-Date
Per Election for Office Sought
11909319.29
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT - FILED ON 11/06/2016
Category/Type
Date of Public Distribution/Dissemination
11 / 06 / 2016
Amount
468125.00
Transaction ID : SE24.1097
Date of Disbursement or Obligation
11 / 02 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support Oppose
Office Sought:
House Senate
District:
State: MO
Calendar Year-To-Date
Per Election for Office Sought
11302328.48
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1168125.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date

11 / 03 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2016
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     2000.00                 </div> Transaction ID : <b>SE24.1076</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 24 / 2016
City PHOENIX State AZ Zip Code 85016	
Purpose of Expenditure WEB AD - FILED ON 10/25/2016	

Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: IN
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">11909319.29</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2016
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     3000.00                 </div> Transaction ID : <b>SE24.1077</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2016
City PHOENIX State AZ Zip Code 85016	
Purpose of Expenditure WEB AD - FILED ON 10/31/2016	

Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose KANDER, JASON, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: MO
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">11302328.48</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 30 / 2016</div>
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">3000.00</div>
City State Zip Code PHOENIX AZ 85016	
Purpose of Expenditure WEB AD - FILED ON 10/31/2016	

**Transaction ID : SE24.1078**  
 Date of Disbursement or Obligation  
M M / D D / Y Y Y Y Y Y  

10 / 31 / 2016

Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">17271599.02</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2000.00</div>
City State Zip Code PHOENIX AZ 85016	
Purpose of Expenditure WEB AD - FILED ON 11/02/2016	

**Transaction ID : SE24.1079**  
 Date of Disbursement or Obligation  
M M / D D / Y Y Y Y Y Y  

11 / 01 / 2016

Name of Federal Candidate: KANDER, JASON, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">11302328.48</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,  
 Signature

*[Electronically Filed]*

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

10 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on 11/01/2016

Full Name of Payee RICHARD SALES MEDIA
Mailing Address 1702 E HIGHLAND AVE SUITE 408
City PHOENIX State AZ Zip Code 85016
Purpose of Expenditure WEB AD - FILED ON 11/02/2016
Category/Type
Date of Public Distribution/Dissemination 11/01/2016
Amount 2000.00
Transaction ID : SE24.1080
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 15297059.48

Full Name of Payee RICHARD SALES MEDIA
Mailing Address 1702 E HIGHLAND AVE SUITE 408
City PHOENIX State AZ Zip Code 85016
Purpose of Expenditure WEB AD - FILED ON 11/02/2016
Category/Type
Date of Public Distribution/Dissemination 11/01/2016
Amount 2000.00
Transaction ID : SE24.1081
Date of Disbursement or Obligation 11/01/2016

Name of Federal Candidate: BAYH, EVAN,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 11909319.29

(a) SUBTOTAL of Itemized Independent Expenditures 4000.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

[Electronically Filed]

Date 11/01/2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 25 / 2016	
Mailing Address 1033 NORTH FAIRFAX ST SUITE 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">133303.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 10/25/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">17271599.02</div>			

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2016	
Mailing Address 1033 NORTH FAIRFAX ST SUITE 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23292.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 10/31/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	
Name of Federal Candidate: HASSAN, MARGARET, WOOD, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">23292.00</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">156595.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2016		
Mailing Address 1033 NORTH FAIRFAX ST SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79000.00</div> <b>Transaction ID : SE24.1084</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2016		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 10/31/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>MASTO, CATHERINE, CORTEZ, ,</b>		
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: NV			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17271599.02</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016		
Mailing Address 1033 NORTH FAIRFAX ST SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">95000.00</div> <b>Transaction ID : SE24.1085</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 11/02/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>BAYH, EVAN, , ,</b>		
Name of Federal Candidate: BAYH, EVAN, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: IN			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11909319.29</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">174000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
 Signature
 

 [Electronically Filed]
 

 Date M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2016

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016		
Mailing Address 1033 NORTH FAIRFAX ST SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118000.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.1086</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016		
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 11/02/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MASTO, CATHERINE, CORTEZ, ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">17271599.02</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: NV			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____					

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016		
Mailing Address 1033 NORTH FAIRFAX ST SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">230845.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.1087</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016		
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 11/03/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose FEINGOLD, RUSSELL, DANA, ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2247575.60</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: WI			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">348845.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2016		
Mailing Address 429 N. ST. ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3275.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/22/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.1088</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2016		
Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11302328.48</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2016		
Mailing Address 429 N. ST. ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12794.00</div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/22/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.1089</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2016		
Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11302328.48</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">16069.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
WILSON GRAND COMMUNICATIONS
Mailing Address
429 N. ST. ASAPH STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
TV/MEDIA PRODUCTION - FILED ON 10/25/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 25 / 2016
Amount
974.00
Transaction ID : SE24.1090
Date of Disbursement or Obligation
10 / 25 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support Oppose
Office Sought:
House Senate
District:
State: MO
Calendar Year-To-Date
Per Election for Office Sought
11302328.48
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
WILSON GRAND COMMUNICATIONS
Mailing Address
429 N. ST. ASAPH STREET
City
ALEXANDRIA State
VA Zip Code
22314
Purpose of Expenditure
RADIO PRODUCTION - FILED ON 10/26/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 26 / 2016
Amount
2985.00
Transaction ID : SE24.1091
Date of Disbursement or Obligation
10 / 26 / 2016

Name of Federal Candidate:
MASTO, CATHERINE, CORTEZ, ,
Support Oppose
Office Sought:
House Senate
District:
State: NV
Calendar Year-To-Date
Per Election for Office Sought
17271599.02
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3959.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,
[Electronically Filed]
Signature

Date
10 / 25 / 2016



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2016
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12224.00</div>
City ALEXANDRIA	State VA	
Zip Code 22314	Transaction ID : <b>SE24.1092</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 26 / 2016	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/26/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;">17271599.02</div>

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2016
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3495.00</div>
City ALEXANDRIA	State VA	
Zip Code 22314	Transaction ID : <b>SE24.1093</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2016	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/29/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: KANDER, JASON, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;">11302328.48</div>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">15719.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2016
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13967.00</div>
City ALEXANDRIA	State VA	
Zip Code 22314	Transaction ID : <b>SE24.1094</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2016	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/29/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: KANDER, JASON, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;">11302328.48</div>

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3465.00</div>
City ALEXANDRIA	State VA	
Zip Code 22314	Transaction ID : <b>SE24.1095</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 11/02/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>		<div style="border: 1px solid black; padding: 2px; text-align: right;">17271599.02</div>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">17432.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>			
Mailing Address <b>429 N. ST. ASAPH STREET</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12309.00</div> <b>Transaction ID : SE24.1096</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 01 / 2016</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City <b>ALEXANDRIA</b></td> <td style="width:17%;">State <b>VA</b></td> <td style="width:50%;">Zip Code <b>22314</b></td> </tr> </table>		City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
City <b>ALEXANDRIA</b>		State <b>VA</b>	Zip Code <b>22314</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - FILED ON 11/02/2016</b>				
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <b>NV</b>			
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">17271599.02</div>			

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>			
Mailing Address <b>600 FAIRMOUNT AVE STE 306</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">366625.00</div> <b>Transaction ID : SE1</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2016</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City <b>TOWSON</b></td> <td style="width:17%;">State <b>MD</b></td> <td style="width:50%;">Zip Code <b>21286</b></td> </tr> </table>		City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21286</b>
City <b>TOWSON</b>		State <b>MD</b>	Zip Code <b>21286</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/20/2016</b>				
Name of Federal Candidate: <b>BAYH, EVAN, , ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <b>IN</b>			
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">▶</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">11909319.29</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">378934.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*CROSBY, CALEB, , ,*

*[Electronically Filed]*

Date

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

11 / 02 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016
Mailing Address 600 FAIRMOUNT AVE STE 306	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">546875.00</div> Transaction ID : <b>SE2</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016
City State Zip Code TOWSON MD 21286	
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/20/2016	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose ROSS, DEBORAH, K, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">13688789.92</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>
City State Zip Code	
Purpose of Expenditure	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">546875.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">37960989.05</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,
*[Electronically Filed]*
Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016

Signature