

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Congressional Leadership Fund

ADDRESS (number and street) 555 13TH STREET NW SUITE 510W  
Check if different than previously reported. (ACC) WASHINGTON DC 20004

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00504530 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of DC

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 18 2012 through M M M / D D D / Y Y Y Y Y Y 11 26 2012

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

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer Caleb Crosby [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 12 06 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Congressional 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="2012"/>	<input type="text" value="87961.11"/>	<input type="text" value="87961.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8725265.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="418749.48"/>	<input type="text" value="1108882.35"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="9144014.83"/>	<input type="text" value="11176843.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8612924.69"/>	<input type="text" value="10645753.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="531090.14"/>	<input type="text" value="531090.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Congressional 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).....	314550.48	10896859.35
(ii) Unitemized .....	199.00	523.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	314749.48	10897382.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	104000.00	191500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	418749.48	11088882.35
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	418749.48	11088882.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	418749.48	11088882.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	742099.05	1195515.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	742099.05	1195515.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	7870825.64	9450237.64
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8612924.69	10645753.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8612924.69	10645753.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	418749.48	1108882.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	418749.48	1108882.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	742099.05	1195515.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	742099.05	1195515.68

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

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

FOR LINE NUMBER: PAGE 6 OF 52  
(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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. E. M. BAKWIN**

Mailing Address 0433 W US HIGHWAY 20

City State Zip Code  
LAPORTE IN 46350-8609

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

Name of Employer Occupation  
RETIRED RETIRED

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 / 22 / 2012  
**Transaction ID : SA11.113**

Amount of Each Receipt this Period  
 25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MIGUEL A. FANA JR.**

Mailing Address 7281 BRYCE POINT

City State Zip Code  
PINELLAS PARK FL 33782-4338

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

Name of Employer Occupation  
SELF PHYSICIAN

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 / 26 / 2012  
**Transaction ID : SA11.114**

Amount of Each Receipt this Period  
 25000.00

CONTRIBUTION

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

Mailing Address 65 E. GOETHE

City State Zip Code  
CHICAGO IL 60610

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

Name of Employer Occupation  
HARRIS ASSOCIATES INVESTMENT MANAGER

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 / 20 / 2012  
**Transaction ID : SA11.127**

Amount of Each Receipt this Period  
 50000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100000.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. ROGER HERTOOG**

Mailing Address 1040 5TH AVENUE, APT. 13-A

City State Zip Code  
NEW YORK NY 10028-0137

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 27 / 2012  
**Transaction ID : SA11.116**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS G. SCRIVNER**

Mailing Address 25461 W FREMONT RD.

City State Zip Code  
LOS ALTOS HILLS CA 94022-3538

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 31 / 2012  
**Transaction ID : SA11.121**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

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

Mailing Address 1313 N. GREEN BAY RD.

City State Zip Code  
LAKE FOREST IL 60045-1107

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

Name of Employer Occupation  
ABBOTT LABORATORIES CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 27 / 2012  
**Transaction ID : SA11.115**

Amount of Each Receipt this Period  
50000.00

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: PAGE 8 OF 52  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 555 13TH STREET NW  
SUITE 510W

City WASHINGTON State DC Zip Code 20004-1164

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
178609.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : SA11.128**

Amount of Each Receipt this Period  
 29550.48

CONTRIBUTION IN KIND-PAYROLL/OFFICE SPACE

Full Name (Last, First, Middle Initial)  
**B. DIRECT SELLING ASSOCIATION**

Mailing Address 1667 K STREET NW, SUITE 1100

City WASHINGTON State DC Zip Code 20006-1660

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

Name of Employer Occupation

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  
 10 / 22 / 2012  
**Transaction ID : SA11.112**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 10 W. MARKET STREET, SUITE 200

City INDIANAPOLIS State IN Zip Code 46204-2984

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11.124**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44550.48

**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 9 OF 52
<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"/>	<input type="checkbox"/> 17

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

**A. NORTH CYPRESS MEDICAL CENTER OPERATING COMPANY LTD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21216 NW FREEWAY, SUITE 610  
 City CYPRESS State TX Zip Code 77429-4699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012  
**Transaction ID : SA11.122**  
 Amount of Each Receipt this Period  
 100000.00  
**CONTRIBUTION**

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	314550.48

**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 52
<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

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

**A. CHABOT FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3030 HARRISON AVENUE

City CINCINNATI	State OH	Zip Code 45211-5758
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00301838

Name of Employer	Occupation
------------------	------------

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	/	02	/	2012

**Transaction ID : SA11.125**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B. CITIZENS FOR TURNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 W. SECOND S., SUITE 1510

City DAYTON	State OH	Zip Code 45402-1603
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00373001

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

**Transaction ID : SA11.118**

Amount of Each Receipt this Period  
15000.00

CONTRIBUTION

**C. JIM JORDAN FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2160 KETTERING TOWER, SUITE 2160

City DAYTON	State OH	Zip Code 45423-1010
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00416594

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11.123**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30000.00
<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 52
<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

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

Full Name (Last, First, Middle Initial) <b>A. STIVERS FOR CONGRESS</b>		Date of Receipt
Mailing Address 4679 WINTERSET DR.		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code COLUMBUS OH 43220-8113		<b>Transaction ID : SA11.119</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00441352"/>		Amount of Each Receipt this Period <input type="text" value="20000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="20000.00"/>

Full Name (Last, First, Middle Initial) <b>B. TIBERI FOR CONGRESS</b>		Date of Receipt
Mailing Address 2931 E DUBLIN GRANVILLE RD SUITE 190		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City State Zip Code COLUMBUS OH 43231-2098		<b>Transaction ID : SA11.120</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00347492"/>		Amount of Each Receipt this Period <input type="text" value="50000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="50000.00"/>

Full Name (Last, First, Middle Initial) <b>C. IMPACT COMMITTEE</b>		Date of Receipt
Mailing Address 22780 INDIAN CREEK DR., SUITE 100		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code STERLING VA 20166-6716		<b>Transaction ID : SA11.126</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00525238"/>		Amount of Each Receipt this Period <input type="text" value="4000.00"/>
Name of Employer Occupation		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="74000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="104000.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. TRENT EDWARDS**

Mailing Address 555 13TH STREET NW, SUITE 510 W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.1**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHARLES MEACHUM**

Mailing Address 555 13TH STREET NW, SUITE 510 W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.2**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CHARLES MEACHUM**

Mailing Address 555 13TH STREET NW, SUITE 510 W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.3**

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CHARLES MEACHUM**

Mailing Address 555 13TH STREET NW, SUITE 510 W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
RECEPTION

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB.4

Amount of Each Disbursement this Period

16894.00

Full Name (Last, First, Middle Initial)

**B. BRIAN WALSH**

Mailing Address 555 13TH STREET NW, SUITE 510 W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
TRAVEL

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

Transaction ID : SB.5

Amount of Each Disbursement this Period

356.51

Full Name (Last, First, Middle Initial)

**C. AMERICAN ACTION NETWORK**

Mailing Address 555 13TH ST NW SUITE 510W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CONTRIBUTION IN KIND - PAYROLL/OFFICE SPACE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2012

Transaction ID : SB.6

Amount of Each Disbursement this Period

29550.48

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

46800.99

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2012

Transaction ID : SB.10

Amount of Each Disbursement this Period

289.15

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2012

Transaction ID : SB.7

Amount of Each Disbursement this Period

867.30

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012

Transaction ID : SB.8

Amount of Each Disbursement this Period

722.65

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

1879.10

**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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

Transaction ID : SB.9

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. AMERICAN VIEWPOINT, INC,**

Mailing Address 300 NORTH LEE STREET, SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

005

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

Transaction ID : SB.11

Amount of Each Disbursement this Period

14500.00

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXCHANGE**

Mailing Address 4487 FORBES BOULEVARD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

Transaction ID : SB.12

Amount of Each Disbursement this Period

151.00

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

14658.95

**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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE SUBSCRIPTION

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB.13**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DMM MEDIA, LLC**

Mailing Address 3299 K STREET NW, SUITE 200

City State Zip Code  
WASHINGTON DC 20007

Purpose of Disbursement  
STRATEGY CONSULTING

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB.14**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. EPIPHANY PRODUCTIONS, INC.**

Mailing Address 104 HUME AVENUE

City State Zip Code  
ALEXANDRIA VA 22301

Purpose of Disbursement  
FUNDRAISING CONSULTING

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB.15**

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. LINDEN MEDIA LLC**

Mailing Address 609 N. WEST STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
RESEARCH SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2012

Transaction ID : SB.16

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

**B. LINDEN MEDIA LLC**

Mailing Address 609 N. WEST STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
RESEARCH SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB.17

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. LVH CONSULTING**

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2012

Transaction ID : SB.18

Amount of Each Disbursement this Period

1500.00

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

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

4300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NMB RESEARCH LLC**

Mailing Address 206 N. FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

005

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

Transaction ID : SB.19

Amount of Each Disbursement this Period

13000.00

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

Transaction ID : SB.20

Amount of Each Disbursement this Period

438.24

Full Name (Last, First, Middle Initial)

**C. PIRYX, INC**

Mailing Address 144 2ND ST., 1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2012

Transaction ID : SB.21

Amount of Each Disbursement this Period

3000.00

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

16438.24

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**

Mailing Address 144 2ND ST., 1ST FLOOR

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
MERCHANT FEE

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

Transaction ID : SB.22

Amount of Each Disbursement this Period

11.94

Full Name (Last, First, Middle Initial)

**B. PUBLIC OPINION STRATGEIES**

Mailing Address 214 NORTH FAYETTE STREET

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
POLLING

005

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2012

Transaction ID : SB.23

Amount of Each Disbursement this Period

13000.00

Full Name (Last, First, Middle Initial)

**C. REVOLUTION MEDIA GROUP LLC**

Mailing Address 1020 PRINCESS STREET

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
STRATEGY CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 09 / 2012

Transaction ID : SB.24

Amount of Each Disbursement this Period

140813.54

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

153825.48

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. REVOLUTION MEDIA GROUP LLC**

Mailing Address 1020 PRINCESS STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
TV/MEDIA PRODUCTION

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

Transaction ID : SB.37

Amount of Each Disbursement this Period

9136.60

Full Name (Last, First, Middle Initial)

**B. RICHARD SALES MEDIA**

Mailing Address 9010 S. 10TH ST.

City PHOENIX State AZ Zip Code 85042

Purpose of Disbursement  
WEB VIDEO

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

Transaction ID : SB.38

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. SCOTT HOWELL & COMPANY**

Mailing Address 3900 WILLOW ST., SUITE 200

City DALLAS State TX Zip Code 75226

Purpose of Disbursement  
STRATEGY CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

Transaction ID : SB.25

Amount of Each Disbursement this Period

140813.54

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

151450.14

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. SOMETHING ELSE STRATEGIES, LLC**

Mailing Address 112 LANTERN RIDGE DRIVE

City State Zip Code  
EASLEY SC 29642

Purpose of Disbursement  
STRATEGY CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

Transaction ID : SB.26

Amount of Each Disbursement this Period

140813.54

Full Name (Last, First, Middle Initial)

**B. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
EMAIL MARKETING

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

Transaction ID : SB.27

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address 1033 NORTH FAIRFAX STREET  
SUITE 400

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
EMAIL MARKETING

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

Transaction ID : SB.28

Amount of Each Disbursement this Period

1000.00

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

142813.54

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE KOZLOW GROUP**

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement  
STRATEGY CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

Transaction ID : SB.29

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. THE MCINTOSH COMPANY, INC.**

Mailing Address 5310 HARVEST HILL ROAD, SUITE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2012

Transaction ID : SB.30

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. THE MCINTOSH COMPANY, INC.**

Mailing Address 5310 HARVEST HILL ROAD, SUITE 209

City DALLAS State TX Zip Code 75230

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2012

Transaction ID : SB.31

Amount of Each Disbursement this Period

10000.00

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

14500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

**A. THE STARBOARD GROUP**

Mailing Address 1420 W CANAL CT., SUITE 10

City LITTLETON State CO Zip Code 80120

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

Transaction ID : SB.32

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. THE TARRANCE GROUP**

Mailing Address 201 N. UNION ST, SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLLING

005

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

Transaction ID : SB.33

Amount of Each Disbursement this Period

14529.00

Full Name (Last, First, Middle Initial)

**C. TRINITY FINANCIAL REPORTING & COMPLIANCE**

Mailing Address 13051 FARTHINGALE DR.

City OAK HILL State VA Zip Code 20171

Purpose of Disbursement  
ACCOUNTING AND COMPLIANCE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

Transaction ID : SB.34

Amount of Each Disbursement this Period

14775.00

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

29804.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. VANDENBERG & ASSOCIATES INC.**

Mailing Address 3927 ELM AVENUE

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Category/  
Type

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
1	1		0	2		2	0	1	2

Transaction ID : SB.35

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL SERVICES

001

Category/  
Type

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
1	0		2	2		2	0	1	2

Transaction ID : SB.36

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

1	1	5	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	4	2	0	9	9	.	0	5
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>601854.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	<b>Transaction ID : SB.130</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2743676.60</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>201212.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	<b>Transaction ID : SB.101</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEGRO</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>1093935.21</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>803066.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional 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;">C00504530</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 22 / 2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">233785.20</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.102</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>NC</b> <input type="checkbox"/> Senate      District: <b>07</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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; font-weight: bold;">520030.80</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 22 / 2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">106581.20</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.103</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>CA</b> <input type="checkbox"/> Senate      District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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; font-weight: bold;">512380.10</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> <span style="font-size: 1.2em; font-weight: bold;">340366.40</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed]      Date 

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>348985.12</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	<b>Transaction ID : SB.104</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KATHY HOCHUL</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>NY</b> <input type="checkbox"/> Senate    District: <b>27</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>890367.75</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>1100 G STREET NW, SUITE 805</b>		Amount <b>115000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Purpose of Expenditure <b>WEB VIDEO - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	<b>Transaction ID : SB.105</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>2743676.60</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>463985.12</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address 1100 G STREET NW, SUITE 805		Amount <b>70000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>	<b>Transaction ID : SB.106</b>	
Purpose of Expenditure <b>WEB VIDEO - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEGO</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1093935.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address 1100 G STREET NW, SUITE 805		Amount <b>65000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>	<b>Transaction ID : SB.107</b>	
Purpose of Expenditure <b>WEB VIDEO - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>07</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>520030.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>135000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>1100 G STREET NW, SUITE 805</b>		Amount <b>72000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>	<b>Transaction ID : SB.108</b>	
Purpose of Expenditure <b>WEB VIDEO - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>CA</b> <input type="checkbox"/> Senate    District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>512380.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>REVOLUTION MEDIA GROUP LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>1020 PRINCESS STREET</b>		Amount <b>14791.50</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.109</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>CA</b> <input type="checkbox"/> Senate    District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>512380.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>86791.50</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
<b>(c) TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed]    Date **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 22 / 2012
Mailing Address 3900 WILLOW ST., SUITE 200		Amount <span style="border: 1px solid black; padding: 2px;">18257.52</span>
City DALLAS      State TX      Zip Code 75226	<b>Transaction ID : SB.110</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House      State: TX <input type="checkbox"/> Senate      District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETE GALLEGRO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1093935.21</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 22 / 2012
Mailing Address 3900 WILLOW ST., SUITE 200		Amount <span style="border: 1px solid black; padding: 2px;">17394.43</span>
City DALLAS      State TX      Zip Code 75226	<b>Transaction ID : SB.111</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House      State: NY <input type="checkbox"/> Senate      District: 27 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY HOCHUL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">890367.75</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">35651.95</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </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.

Signature CALEB CROSBY      [Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>SOMETHING ELSE STRATEGIES, LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>112 LANTERN RIDGE DRIVE</b>		Amount <b>15000.00</b>
City <b>EASLEY</b>	State <b>SC</b>	
Zip Code <b>29642</b>	<b>Transaction ID : SB.112</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2743676.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SOMETHING ELSE STRATEGIES, LLC</b>		Date MM / DD / YYYY <b>10 / 22 / 2012</b>
Mailing Address <b>112 LANTERN RIDGE DRIVE</b>		Amount <b>15000.00</b>
City <b>EASLEY</b>	State <b>SC</b>	
Zip Code <b>29642</b>	<b>Transaction ID : SB.113</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - DISSEMINATED ON 10/19, 24 HR REPORT FILED 10/20</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>NC</b> <input type="checkbox"/> Senate    District: <b>07</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>520030.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>30000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed]    Date **12 / 06 / 2012**











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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>ARENA COMMUNICATIONS</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>		Amount <b>21762.00</b>
City <b>SALT LAKE CITY</b>	State <b>UT</b>	
Zip Code <b>84104</b>	<b>Transaction ID : SB.121</b>	
Purpose of Expenditure <b>DIRECT MAIL - DISSEMINATED ON 10/25, 24 HR REPORT FILED 10/26</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>CA</b> <input type="checkbox"/> Senate    District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>512380.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC.</b>		Date MM / DD / YYYY <b>10 / 24 / 2012</b>
Mailing Address <b>106 S COLUMBUS ST.</b>		Amount <b>10796.16</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.123</b>	
Purpose of Expenditure <b>DIRECT MAIL - DISSEMINATED ON 10/25, 24 HR REPORT FILED 10/26</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>10</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>VAL DEMINGS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32388.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>32558.16</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional 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;">C00504530</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 25 / 2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">132333.20</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.124</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>CA</b> <input type="checkbox"/> Senate      District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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; font-weight: bold;">512380.10</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">10 / 25 / 2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">380816.48</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.125</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>NY</b> <input type="checkbox"/> Senate      District: <b>27</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KATHY HOCHUL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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; font-weight: bold;">890367.75</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> <span style="font-size: 1.2em; font-weight: bold;">513149.68</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </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.

*CALEB CROSBY*
[Electronically Filed]
Date 

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2012

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 25 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <span style="border: 1px solid black; padding: 2px;">206245.60</span>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.126</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: <b>NC</b> <input type="checkbox"/> Senate District: <b>07</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">520030.80</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <b>10 / 25 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <span style="border: 1px solid black; padding: 2px;">630124.00</span>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.127</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: <b>OH</b> <input type="checkbox"/> Senate District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2743676.60</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">836369.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
**12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date 10 / 25 / 2012
Mailing Address 815 SLATERS LANE		Amount 285564.00
City ALEXANDRIA      State VA      Zip Code 22314	<b>Transaction ID : SB.128</b>	
Purpose of Expenditure TV/MEDIA PLACEMENT-DISSEMINATED ON 10/30, 24 HOUR REPORT FILED 10/31	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: NJ <input type="checkbox"/> Senate      District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY ADLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 627114.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date 10 / 25 / 2012
Mailing Address 815 SLATERS LANE		Amount 458844.00
City ALEXANDRIA      State VA      Zip Code 22314	<b>Transaction ID : SB.129</b>	
Purpose of Expenditure TV/MEDIA PLACEMENT - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: TX <input type="checkbox"/> Senate      District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETE GALLEGRO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1093935.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	744408.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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.

CALEB CROSBY

[Electronically Filed]      Date 12 / 06 / 2012

Signature

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>660089.40</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type	<b>Transaction ID : SB.131</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PAT KREITLOW</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>WI</b> <input type="checkbox"/> Senate    District: <b>07</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>675073.16</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>ARENA COMMUNICATIONS</b>		Date MM / DD / YYYY <b>10 / 26 / 2012</b>
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>		Amount <b>21762.00</b>
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84104</b>
Purpose of Expenditure <b>DIRECT MAIL - DISSEMINATED ON 10/29, 24 HR REPORT FILED 10/30</b>	Category/Type	<b>Transaction ID : SB.132</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>CA</b> <input type="checkbox"/> Senate    District: <b>24</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>512380.10</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>681851.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**



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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC.</b>		Date MM / DD / YYYY <b>10 / 28 / 2012</b>
Mailing Address <b>106 S COLUMBUS ST.</b>		Amount <b>10796.16</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.133</b>	
Purpose of Expenditure <b>DIRECT MAIL - DISSEMINATED ON 10/29, 24 HR REPORT FILED 10/30</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>10</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>VAL DEMINGS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32388.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>3299 K ST. NW, SUITE 200</b>		Amount <b>14983.76</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20007</b>	<b>Transaction ID : SB.134</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>WI</b> <input type="checkbox"/> Senate    District: <b>07</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PAT KREITLOW</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>675073.16</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>25779.92</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional 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;">C00504530</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>UPGRADE FILMS</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">29</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>
Mailing Address <b>3299 K ST. NW, SUITE 200</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">14979.41</span> </div>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20007</b>	<b>Transaction ID : SB.135</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>MI</b> <input type="checkbox"/> Senate      District: <b>01</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GARY MCDOWELL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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;">323151.41</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">10</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">29</span> /          <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center;">2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">787057.00</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.146</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>IL</b> <input type="checkbox"/> Senate      District: <b>10</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BRAD SCHNEIDER</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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;">829421.92</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> <span style="font-size: 1.2em;">802036.41</span> </div>
<b>(b) 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>(c) 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.

*CALEB CROSBY*
[Electronically Filed]
Date 12 / 06 / 2012

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>527857.92</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.147</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>AZ</b> <input type="checkbox"/> Senate    District: <b>09</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KYRSTEN SINEMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>572748.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>264058.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.148</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2743676.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>791915.92</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional 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="font-size: 1.2em; padding-left: 5px;">C00504530</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">M M</span> / <span style="font-size: 1.2em; padding: 0 5px;">D D</span> / <span style="font-size: 1.2em; padding: 0 5px;">Y Y Y Y</span>  <span style="font-size: 1.2em; padding: 0 5px;">10</span> / <span style="font-size: 1.2em; padding: 0 5px;">29</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">88230.80</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.149</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>CA</b> <input type="checkbox"/> Senate      District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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;">512380.10</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; padding: 0 5px;">M M</span> / <span style="font-size: 1.2em; padding: 0 5px;">D D</span> / <span style="font-size: 1.2em; padding: 0 5px;">Y Y Y Y</span>  <span style="font-size: 1.2em; padding: 0 5px;">10</span> / <span style="font-size: 1.2em; padding: 0 5px;">29</span> / <span style="font-size: 1.2em; padding: 0 5px;">2012</span> </div>
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">176112.00</span> </div>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.150</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Office Sought: <input checked="" type="checkbox"/> House      State: <b>GA</b> <input type="checkbox"/> Senate      District: <b>12</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN BARROW</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
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;">191112.00</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> <span style="font-size: 1.2em;">264342.80</span> </div>
<b>(b) 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>(c) 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.

CALEB CROSBY
[Electronically Filed]
Date

Signature

M M / D D / Y Y Y Y  
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2012
Mailing Address 815 SLATERS LANE		Amount <span style="border: 1px solid black; padding: 2px;">220163.60</span>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TV/MEDIA PLACEMENT - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GARY MCDOWELL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">323151.41</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SB.151**

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2012
Mailing Address 1100 G STREET NW, SUITE 805		Amount <span style="border: 1px solid black; padding: 2px;">25000.00</span>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Expenditure WEB VIDEO - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BRAD SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">829421.92</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SB.138**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">245163.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </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.

Signature CALEB CROSBY [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>1100 G STREET NW, SUITE 805</b>		Amount <b>25000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>	<b>Transaction ID : SB.139</b>	
Purpose of Expenditure <b>WEB VIDEO - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>AZ</b> <input type="checkbox"/> Senate    District: <b>09</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KYRSTEN SINEMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>572748.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>REVOLUTION MEDIA GROUP LLC</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>1020 PRINCESS STREET</b>		Amount <b>33157.40</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.143</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>CA</b> <input type="checkbox"/> Senate    District: <b>24</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LOIS CAPPS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>512380.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>58157.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>REVOLUTION MEDIA GROUP LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2012
Mailing Address 1020 PRINCESS STREET		Amount <span style="border: 1px solid black; padding: 2px;">17364.92</span>
City ALEXANDRIA	State VA	
Zip Code 22314	<b>Transaction ID : SB.144</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BRAD SCHNEIDER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">829421.92</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>REVOLUTION MEDIA GROUP LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 10 / 29 / 2012
Mailing Address 1020 PRINCESS STREET		Amount <span style="border: 1px solid black; padding: 2px;">18702.96</span>
City ALEXANDRIA	State VA	
Zip Code 22314	<b>Transaction ID : SB.145</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KYRSTEN SINEMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">572748.88</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">36067.88</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>SOMETHING ELSE STRATEGIES, LLC</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>112 LANTERN RIDGE DRIVE</b>		Amount <b>15000.00</b>
City <b>EASLEY</b> State <b>SC</b> Zip Code <b>29642</b>	<b>Transaction ID : SB.136</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: <b>OH</b> <input type="checkbox"/> Senate      District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2743676.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SOMETHING ELSE STRATEGIES, LLC</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>112 LANTERN RIDGE DRIVE</b>		Amount <b>15000.00</b>
City <b>EASLEY</b> State <b>SC</b> Zip Code <b>29642</b>	<b>Transaction ID : SB.137</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: <b>GA</b> <input type="checkbox"/> Senate      District: <b>12</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN BARROW</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>191112.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>30000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed]      Date **12 / 06 / 2012**



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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address 3900 WILLOW ST., SUITE 200		Amount <b>19164.89</b>
City DALLAS      State TX      Zip Code 75226	<b>Transaction ID : SB.140</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/29, 24 HR REPORT FILED 10/30	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House      State: TX <input type="checkbox"/> Senate      District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETE GALLEGRO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address 3900 WILLOW ST., SUITE 200		Amount <b>13755.00</b>
City DALLAS      State TX      Zip Code 75226	<b>Transaction ID : SB.141</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/29, 24 HR REPORT FILED 10/30	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House      State: TX <input type="checkbox"/> Senate      District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETE GALLEGRO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>32919.89</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date MM / DD / YYYY <b>10 / 29 / 2012</b>
Mailing Address <b>3900 WILLOW ST., SUITE 200</b>		Amount <b>20171.72</b>
City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75226</b>	<b>Transaction ID : SB.142</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/26, 24 HR REPORT FILED 10/27	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: <b>NY</b> <input type="checkbox"/> Senate      District: <b>27</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KATHY HOCHUL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>890367.75</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>REVOLUTION MEDIA GROUP LLC</b>		Date MM / DD / YYYY <b>10 / 30 / 2012</b>
Mailing Address <b>1020 PRINCESS STREET</b>		Amount <b>1188.00</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	<b>Transaction ID : SB.152</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION - DISSEMINATED ON 10/30, 24 HR REPORT FILED 10/31	Category/Type	Office Sought: <input checked="" type="checkbox"/> House      State: <b>AZ</b> <input type="checkbox"/> Senate      District: <b>09</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KYRSTEN SINEMA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>572748.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>21359.72</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed]      Date **12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>TARGETED CREATIVE COMMUNICATIONS, INC.</b>		Date MM / DD / YYYY <b>10 / 30 / 2012</b>
Mailing Address <b>106 S COLUMBUS ST.</b>		Amount <b>10796.16</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.153</b>	
Purpose of Expenditure <b>DIRECT MAIL - DISSEMINATED ON 10/31, 24 HR REPORT FILED 11/1</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>FL</b> <input type="checkbox"/> Senate    District: <b>10</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>VAL DEMINGS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>32388.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>88021.60</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.155</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 11/1, 24 HR REPORT FILED 11/2</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2743676.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>98817.76</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 06 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>11 / 02 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>88008.40</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - DISSEMINATED ON 11/2, 24 HR REPORT FILED 11/4</b>		Office Sought: <input checked="" type="checkbox"/> House    State: <b>MI</b> <input type="checkbox"/> Senate    District: <b>01</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GARY MCDOWELL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>323151.41</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : SB.156**

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>88008.40</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>7870825.64</b>

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.

*CALEB CROSBY*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 06 / 2012**