

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Congressional Leadership Fund

ADDRESS (number and street) 1747 Pennsylvania Avenue, NW
5th Floor
Washington DC 20006
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 01 / 31 / 2014

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

Office Use Only									
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**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="2013"/>	<input type="text" value=""/>	<input type="text" value="475581.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="754698.02"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="482714.61"/>	<input type="text" value="1082658.04"/>
(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="1237412.63"/>	<input type="text" value="1558239.98"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="364051.15"/>	<input type="text" value="684878.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="873361.48"/>	<input type="text" value="873361.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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).....	482714.61	1027451.64
(ii) Unitemized	0.00	11.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	482714.61	1027462.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	482714.61	1039962.64
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	42695.40
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))..... ▶	482714.61	1082658.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	482714.61	1082658.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	364051.15	684878.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	364051.15	684878.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	364051.15	684878.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	364051.15	684878.50

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)	482714.61	1039962.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	482714.61	1039962.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	364051.15	684878.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	42695.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	364051.15	642183.10

**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 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. LAWRENCE BERNSTEIN		Date of Receipt 10 / 23 / 2013 Transaction ID : SA11.695
Mailing Address 100 EAST HURON STREET APT. 4002		Amount of Each Receipt this Period 10000.00
City CHICAGO	State IL	Zip Code 60611-5917
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation TRADER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. JOHN A. CANNING JR.		Date of Receipt 09 / 16 / 2013 Transaction ID : SA11.689
Mailing Address 1650 DUBLIN COURT		Amount of Each Receipt this Period 25000.00
City INVERNESS	State IL	Zip Code 60067-4726
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer MADISON DEARBORN PARTNERS	Occupation CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) C. RON J. GIDWITZ		Date of Receipt 10 / 03 / 2013 Transaction ID : SA11.693
Mailing Address 200 SOUTH WACKER DRIVE SUITE 4000		Amount of Each Receipt this Period 25000.00
City CHICAGO	State IL	Zip Code 60606-5821
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer GCG PARTNERS	Occupation PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....	60000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. AL G. HILL JR.
Full Name (Last, First, Middle Initial)

Mailing Address 47 HIGHLAND PARK VLG STE 200

City	State	Zip Code
DALLAS	TX	75205-2786

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

Name of Employer	Occupation
A.G. HILL PARTNERS	INVESTMENTS

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
09	/	25	/	2013

Transaction ID : SA11.688

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

B. RICHARD W. PORTER
Full Name (Last, First, Middle Initial)

Mailing Address 300 NORTH LA SALLE DRIVE
SUITE 24

City	State	Zip Code
CHICAGO	IL	60654-3406

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

Name of Employer	Occupation
KIRKLAND & ELLIS LLP	PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2013

Transaction ID : SA11.694

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. PATRICK G. RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 1001 GREEN BAY ROAD, PMB 309

City	State	Zip Code
WINNETKA	IL	60093-1721

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

Name of Employer	Occupation
RYAN SPECIALTY GROUP	CHAIRMAN

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
09	/	24	/	2013

Transaction ID : SA11.690

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	80000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)
A. HAROLD SIMMONS

Mailing Address 5430 LBJ FREEWAY
SUITE 1700

City DALLAS State TX Zip Code 75240-2620

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

Name of Employer CONTRAN CORPORATION Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
09 / 26 / 2013
Transaction ID : SA11.692

Amount of Each Receipt this Period
200000.00

CONTRIBUTION

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

Mailing Address 1747 PENNSYLVANIA AVE., NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
190951.64

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11.698

Amount of Each Receipt this Period
109714.61

CONTRIBUTION IN KIND-PAYROLL/OFFICE SPACE

Full Name (Last, First, Middle Initial)
C. OUTDOOR ADVERTISING ASSOCIATION OF AMERICA

Mailing Address 1850 M STREET, NW
SUITE 1040

City WASHINGTON State DC Zip Code 20036-5821

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
09 / 11 / 2013
Transaction ID : SA11.691

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 329714.61

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 9 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. R.M. WILSON CO., INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3434 MARKET ST.
 City State Zip Code
 WHEELING WV 26003-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11.697
 Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. SWANSON INDUSTRIES, INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2608 SMITHTOWN RD.
 City State Zip Code
 MORGANTOWN WV 26508-2494
 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
 12 / 31 / 2013
Transaction ID : SA11.696
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

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

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

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
TOTAL This Period (last page this line number only).....▶	482714.61

**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 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB.70

Amount of Each Disbursement this Period

518.24

Full Name (Last, First, Middle Initial)

B. ADVANTAGE RENT A CAR

Mailing Address 25 BRAE BOULEVARD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
CAR RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB.180

Amount of Each Disbursement this Period

132.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 4300 GARDEN CITY DR.

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAIN SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB.178

Amount of Each Disbursement this Period

266.00

[MEMO ITEM]

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

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

518.24

**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. AMTRAK

Mailing Address 4300 GARDEN CITY DR.

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAIN SERVICE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.179

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRENT EDWARDS

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.71

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ADVANTAGE RENT A CAR

Mailing Address 25 BRAE BOULEVARD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.181

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.72

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AIRTRAN AIRLINES

Mailing Address 200 GLEN EAGLES CT.

City CARROLLTON State GA Zip Code 30117

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.183

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 4300 GARDEN CITY DR.

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAIN SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.182

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.187

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.188

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS RESORT

Mailing Address 1165 LESLIE STREET

City TORONTO State ON Zip Code

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.186

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.185**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.184**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TRENT EDWARDS

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City State Zip Code
WASHINGTON DC 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.73**

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. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.190

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.194

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.195

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.189**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.191**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.193**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. HOPE RENEE HUDSON

Mailing Address 555 13TH STREET NW, SUITE 510W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.38

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. HOPE RENEE HUDSON

Mailing Address 555 13TH STREET NW, SUITE 510W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
TRAVEL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.39

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.10

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. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.102

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.109

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.110

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.99

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRONTIER AIRLINES

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.103

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRONTIER AIRLINES

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.104

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.105**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRONTIER AIRLINES

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.95**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRONTIER AIRLINES

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.96**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.97**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FRONTIER AIRLINES

Mailing Address 7001 TOWER ROAD

City DENVER State CO Zip Code 80249

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.98**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.101**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.106

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.107

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.112

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.111

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.100

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.94

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. REAGAN NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PARKING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.108**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.11**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.124**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.125

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.126

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.127

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. ENTERPRISE RENTAL CAR

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.121

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City PARK RIDGE State NJ Zip Code 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.120

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.122

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.113

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.114

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.115

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 706 MISSION ST.

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	3		

Transaction ID : SB.117

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 706 MISSION ST.

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	3		

Transaction ID : SB.118

Amount of Each Disbursement this Period

8	6	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	3		

Transaction ID : SB.123

Amount of Each Disbursement this Period

6	9	.	0	0
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**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. VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD., FL. 2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.116

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VIRGIN AMERICA

Mailing Address 555 AIRPORT BLVD., FL. 2

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.119

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.12

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. AIRTRAN AIRLINES

Mailing Address 200 GLEN EAGLES CT.

City CARROLLTON State GA Zip Code 30117

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.132

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.133

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.139

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 4333 AMON CARTER BOULEVARD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.140

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.141

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City State Zip Code
FORT WORTH TX 76155

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.142

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. COURTYARD - MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
LODGING

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SB.138

Amount of Each Disbursement this Period

272.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENTAL CAR

Mailing Address 600 CORPORATE PARK DRIVE

City State Zip Code
ST. LOUIS MO 63105

Purpose of Disbursement
CAR RENTAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SB.137

Amount of Each Disbursement this Period

229.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SB.143

Amount of Each Disbursement this Period

66.94

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.146

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.148

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.130

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

002
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2013

Transaction ID : SB.131

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

002
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2013

Transaction ID : SB.147

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. REAGAN NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PARKING

002
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2013

Transaction ID : SB.129

Amount of Each Disbursement this Period

66.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. REAGAN NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PARKING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.144

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SNAKE RIVER LODGE

Mailing Address 7710 GRANITE LOOP ROAD

City TETON VILLAGE State WY Zip Code 83025

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.128

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 706 MISSION ST.

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.149

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.136

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.145

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.134

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.135

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.13

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.160

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1 CHOICE HOTELS CIRCLE, STE 400

City State Zip Code
ROCKVILLE MD 20850

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.175

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CAMBRIA SUITES

Mailing Address 1 CHOICE HOTELS CIRCLE, STE 400

City State Zip Code
ROCKVILLE MD 20850

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.176

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City State Zip Code
ATLANTA GA 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.150

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.154**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.167**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.169**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.155

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.156

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.157

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.163

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.170

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HERTZ RENTAL CAR

Mailing Address 225 BRAE BOULEVARD

City State Zip Code
PARK RIDGE NJ 07656

Purpose of Disbursement
CAR RENTAL

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.174

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 7930 JONES BRANCH DRIVE

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.158

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.164

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. REAGAN NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

City State Zip Code
ARLINGTON VA 22202

Purpose of Disbursement
PARKING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.159

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. REAGAN NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PARKING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.165**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. REAGAN NATIONAL AIRPORT

Mailing Address 2401 SMITH BLVD

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PARKING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.173**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.151**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.152

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.153

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.161

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.162

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.166

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.168

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement AIRFARE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.171

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 S. WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement AIRFARE

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.172

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement TRAVEL

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.14

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. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BRIAN WALSH

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 4300 GARDEN CITY DR.

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAIN SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.88

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB.87

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MJ VALET

Mailing Address 1425 K ST. NW STE 350

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB.93

Amount of Each Disbursement this Period

22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OMNI HOTELS

Mailing Address 4001 MAPLE AVENUE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement
LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : SB.90

Amount of Each Disbursement this Period

1056.67

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 4001 MAPLE AVENUE

City DALLAS State TX Zip Code 75219

Purpose of Disbursement
LODGING

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.91

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 706 MISSION ST.

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.89

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 706 MISSION ST.

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
GROUND TRANSPORTATION

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.92

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
CONTRIBUTION IN KIND-PAYROLL/OFFICE SPACE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.201**

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.1**

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.2**

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. 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	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	3

Transaction ID : SB.3

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

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	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	3

Transaction ID : SB.4

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

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

Transaction ID : SB.5

Amount of Each Disbursement this Period

7	.	9	5
---	---	---	---

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

2	3	.	8	5
---	---	---	---	---

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

2	3	.	8	5
---	---	---	---	---

**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

MM / DD / YYYY
11 / 05 / 2013

Transaction ID : SB.6

Amount of Each Disbursement this Period

7.95

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

MM / DD / YYYY
12 / 04 / 2013

Transaction ID : SB.7

Amount of Each Disbursement this Period

7.95

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
07 / 29 / 2013

Transaction ID : SB.15

Amount of Each Disbursement this Period

178.45

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

194.35

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. 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
08 / 13 / 2013

Transaction ID : SB.16

Amount of Each Disbursement this Period

178.45

Full Name (Last, First, Middle Initial)

B. 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
09 / 18 / 2013

Transaction ID : SB.17

Amount of Each Disbursement this Period

192.18

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
10 / 09 / 2013

Transaction ID : SB.18

Amount of Each Disbursement this Period

216.45

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

587.08

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. CAPITOL COMPUTER EXCHANGE

Mailing Address 4487 FORBES BOULEVARD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement
COMPUTER SERVICES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.19

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.20

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.21

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. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.22

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.23

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.24

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. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2013

Transaction ID : SB.25

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CLARK HILL PLC

Mailing Address 601 PENNSYLVANIA AVE NW, NORTH BLD

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
POLITICAL AND STRATEGIC CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SB.26

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : SB.27

Amount of Each Disbursement this Period

500.00

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

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

10500.00

**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. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.28

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.29

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.30

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. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SUBSCRIPTION

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 / 13 / 2013

Transaction ID : SB.31

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2013

Transaction ID : SB.32

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. DC LONDON

Mailing Address 1100 G STREET NW, SUITE 805

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIGITAL 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 / 04 / 2013

Transaction ID : SB.33

Amount of Each Disbursement this Period

5000.00

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

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

6000.00

**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. FIRST NATIONAL BANK - VISA

Mailing Address P.O. BOX 2818

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
TRAVEL - SEE MEMO ENTRIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.34

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.197

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.198

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.199**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
AIRFARE

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.200**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL BANK - VISA

Mailing Address P.O. BOX 2818

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
SHIPPING AND OFFICE SUPPLIES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.35**

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. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
TELECONFERENCE 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
09 / 18 / 2013

Transaction ID : SB.36

Amount of Each Disbursement this Period

307.82

Full Name (Last, First, Middle Initial)

B. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement
TELECONFERENCE 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 / 04 / 2013

Transaction ID : SB.37

Amount of Each Disbursement this Period

541.28

Full Name (Last, First, Middle Initial)

C. LILLY & COMPANY

Mailing Address 1005 CONGRESS AVENUE, SUITE 910

City AUSTIN State TX Zip Code 78701

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 / 28 / 2013

Transaction ID : SB.40

Amount of Each Disbursement this Period

20000.00

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

20849.10

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)

<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 705 CHETWORTH PL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH 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
08 / 07 / 2013

Transaction ID : SB.41

Amount of Each Disbursement this Period

2800.00

Full Name (Last, First, Middle Initial)

B. LINDEN MEDIA LLC

Mailing Address 705 CHETWORTH PL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH 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
09 / 16 / 2013

Transaction ID : SB.42

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

C. LINDEN MEDIA LLC

Mailing Address 705 CHETWORTH PL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH 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
10 / 09 / 2013

Transaction ID : SB.43

Amount of Each Disbursement this Period

5000.00

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

15800.00

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. LINDEN MEDIA LLC

Mailing Address 705 CHETWORTH PL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH 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 / 13 / 2013

Transaction ID : SB.44

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LINDEN MEDIA LLC

Mailing Address 705 CHETWORTH PL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
RESEARCH 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
12 / 20 / 2013

Transaction ID : SB.45

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

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
07 / 12 / 2013

Transaction ID : SB.46

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
STRATEGY CONSULTING

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2013

Transaction ID : SB.47

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
STRATEGY CONSULTING

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2013

Transaction ID : SB.48

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
STRATEGY CONSULTING

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2013

Transaction ID : SB.49

Amount of Each Disbursement this Period

2750.00

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

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

12750.00

**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. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

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 / 13 / 2013

Transaction ID : SB.50

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

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 / 18 / 2013

Transaction ID : SB.51

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

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
12 / 09 / 2013

Transaction ID : SB.52

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. 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
07 / 01 / 2013

Transaction ID : SB.53

Amount of Each Disbursement this Period

90.10

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
08 / 03 / 2013

Transaction ID : SB.54

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. 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
09 / 04 / 2013

Transaction ID : SB.55

Amount of Each Disbursement this Period

15.00

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

120.10

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)

<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. 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

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

Transaction ID : SB.56

Amount of Each Disbursement this Period

1	3	4	5	6	7	8	9	0	.	0	0
---	---	---	---	---	---	---	---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	3

Transaction ID : SB.57

Amount of Each Disbursement this Period

6	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : SB.58

Amount of Each Disbursement this Period

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

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

1	4	2	0	.	3	2
---	---	---	---	---	---	---

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

1	4	2	0	.	3	2
---	---	---	---	---	---	---

**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. POLITICAL INK, INC.

Mailing Address 1220 19TH STREET NW, SUITE 502

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
PRINTING

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB.59

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PRH CONSULTING GROUP, LLC

Mailing Address 100 E. BROAD ST. SUITE 2330

City COLUMBUS State OH Zip Code 43215

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.60

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. TARGETED CREATIVE COMMUNICATIONS, INC.

Mailing Address 106 S COLUMBUS ST.

City ALEXANDRIA State VA Zip Code 22314

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.61

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. THE KOZLOW GROUP

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement
ISSUE ADVOCACY CONSULTING

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : SB.62

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. THE KOZLOW GROUP

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement
ISSUE ADVOCACY CONSULTING

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SB.63

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. THE KOZLOW GROUP

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement
ISSUE ADVOCACY CONSULTING

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SB.64

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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. THE KOZLOW GROUP

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement
ISSUE ADVOCACY CONSULTING

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SB.65

Amount of Each Disbursement this Period

2500.00

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
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SB.66

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. THE STARBOARD GROUP

Mailing Address 1420 W CANAL CT., SUITE 10

City LITTLETON State CO Zip Code 80120

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 M / D D D / Y Y Y Y Y Y
08 / 13 / 2013

Transaction ID : SB.67

Amount of Each Disbursement this Period

150.40

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

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

7650.40

**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. TRAY - PRINTING, MAILING, LOGISTICS

Mailing Address PO BOX 1360

City State Zip Code
GLEN BURNIE MD 21061

Purpose of Disbursement
BUSINESS CARDS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : SB.68

Amount of Each Disbursement this Period

142.21

Full Name (Last, First, Middle Initial)

B. TRAY - PRINTING, MAILING, LOGISTICS

Mailing Address PO BOX 1360

City State Zip Code
GLEN BURNIE MD 21061

Purpose of Disbursement
BUSINESS CARDS

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : SB.69

Amount of Each Disbursement this Period

107.49

Full Name (Last, First, Middle Initial)

C. TRINITY FINANCIAL REPORTING & COMPLIANCE

Mailing Address 13051 FARTHINGALE DR.

City State Zip Code
OAK HILL VA 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
07 / 12 / 2013

Transaction ID : SB.74

Amount of Each Disbursement this Period

3150.00

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

3399.70

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. TRINITY FINANCIAL REPORTING & COMPLIANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2013

Mailing Address 13051 FARTHINGALE DR.

Transaction ID : SB.75

City OAK HILL State VA Zip Code 20171

Amount of Each Disbursement this Period

4350.00

Purpose of Disbursement
ACCOUNTING AND COMPLIANCE

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. TRINITY FINANCIAL REPORTING & COMPLIANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2013

Mailing Address 13051 FARTHINGALE DR.

Transaction ID : SB.76

City OAK HILL State VA Zip Code 20171

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
ACCOUNTING AND COMPLIANCE

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. TRINITY FINANCIAL REPORTING & COMPLIANCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

Mailing Address 13051 FARTHINGALE DR.

Transaction ID : SB.77

City OAK HILL State VA Zip Code 20171

Amount of Each Disbursement this Period

2550.00

Purpose of Disbursement
ACCOUNTING AND COMPLIANCE

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

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

9300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. 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 / 13 / 2013

Transaction ID : SB.78

Amount of Each Disbursement this Period

2325.00

Full Name (Last, First, Middle Initial)

B. 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
12 / 11 / 2013

Transaction ID : SB.79

Amount of Each Disbursement this Period

2400.00

Full Name (Last, First, Middle Initial)

C. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL 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
07 / 29 / 2013

Transaction ID : SB.80

Amount of Each Disbursement this Period

10000.00

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

14725.00

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL 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
09 / 18 / 2013

Transaction ID : SB.81

Amount of Each Disbursement this Period

10000.00

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : SB.82

Amount of Each Disbursement this Period

770.00

Full Name (Last, First, Middle Initial)

C. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL 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
09 / 27 / 2013

Transaction ID : SB.83

Amount of Each Disbursement this Period

10157.22

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

20927.22

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. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL SERVICES

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 Y
10 / 31 / 2013

Transaction ID : SB.84

Amount of Each Disbursement this Period

10000.00

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SB.85

Amount of Each Disbursement this Period

20001.84

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 Y Y

Amount of Each Disbursement this Period

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

30001.84

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

364051.15