

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Congressional Leadership Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		865793.42
(b) Cash on Hand at Beginning of Reporting Period.....	33338823.83	
(c) Total Receipts (from Line 19)	5422461.00	42768666.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38761284.83	43634459.94
7. Total Disbursements (from Line 31).....	23496029.38	28369204.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15265255.45	15265255.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	60697.48	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	5422311.00	42672220.15
(ii) Unitemized	150.00	510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5422461.00	42672730.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	95000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5422461.00	42767730.15
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	936.37
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)).....▶	5422461.00	42768666.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5422461.00	42768666.52

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2885550.41	6036840.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2885550.41	6036840.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1600000.00	1995000.00
24. Independent Expenditures (use Schedule E)	19010478.97	20337363.62
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23496029.38	28369204.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23496029.38	28369204.49

DETAILED SUMMARY PAGE
of Disbursements

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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)	5422461.00	42767730.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5422461.00	42767730.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2885550.41	6036840.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	936.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2885550.41	6035904.50

**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 6 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BUSCH, AUGUST, A., , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MID RIVERS MALL DR.
 City ST. PETERS State MO Zip Code 63376-4320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290000.00

Date of Receipt 10 / 03 / 2016
Transaction ID : SA11A.1294
 Amount of Each Receipt this Period 40000.00
 Memo Item CONTRIBUTION

B. HILMAR CHEESE COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8901 NORTH LANDER AVE.
 City HILMAR State CA Zip Code 95324-9327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11A.1295
 Amount of Each Receipt this Period 25000.00
 Memo Item CONTRIBUTION

C. THE ANSCHUTZ CORPORATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 17TH ST. SUITE 2400
 City DENVER State CO Zip Code 80202-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 04 / 2016
Transaction ID : SA11A.1296
 Amount of Each Receipt this Period 250000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	315000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 73
(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. GRANIERI, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 UNION SQUARE SOUTH
 City NEW YORK State NY Zip Code 10003-4183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JANE STREET Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 05 / 2016
Transaction ID : SA11A.1297
 Amount of Each Receipt this Period 50000.00
 Memo Item
 CONTRIBUTION

B. TULL, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10960 WILSHIRE BLVD. 5TH FLOOR
 City LOS ANGELES State CA Zip Code 90024-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEGENDARY PICTURES Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 05 / 2016
Transaction ID : SA11A.1298
 Amount of Each Receipt this Period 100000.00
 Memo Item
 CONTRIBUTION

C. MCMAHON, LINDA, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 HURLINGHAM DR.
 City GREENWICH State CT Zip Code 06831-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 06 / 2016
Transaction ID : SA11A.1299
 Amount of Each Receipt this Period 250000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400000.00
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 73
	<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. CLEARPATH ACTION INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1355 GREENWOOD CLIFF
SUITE 301

City CHARLOTTE State NC Zip Code 28204-2981

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
10 / 06 / 2016
Transaction ID : SA11A.1300

Amount of Each Receipt this Period
75000.00

Memo Item
CONTRIBUTION

B. MILK SOURCE, LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N3569 VANDEN BOSCH RD

City KAUKAUNA State WI Zip Code 54130-7648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14000.00

Date of Receipt
10 / 07 / 2016
Transaction ID : SA11A.1301

Amount of Each Receipt this Period
14000.00

Memo Item
CONTRIBUTION

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

Mailing Address 536 WEST 43RD STREET APT 1F

City NEW YORK State NY Zip Code 10036-4341

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 10 / 2016
Transaction ID : SA11A.1274

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	89250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 73
	(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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACCOUNT

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

Mailing Address 8700 WEST BRYN MAWR AVE.
SUITE 1200S

City CHICAGO State IL Zip Code 60631-3512

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
10 / 11 / 2016

Transaction ID : SA11A.1302

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

B. NAU, JOHN, L., , III

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

Mailing Address P.O. BOX 130130

City HOUSTON State TX Zip Code 77219-0130

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

Name of Employer (for Individual) Occupation (for Individual)
SILVER EAGLE DISTRIBUTORS PRESIDENT AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
10 / 13 / 2016

Transaction ID : SA11A.1303

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

C. BLOOM, BRADLEY, M., ,

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

Mailing Address 11 ALBION RD.

City WELLESLEY State MA Zip Code 02481-1304

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

Name of Employer (for Individual) Occupation (for Individual)
BERKSHIRE PARTNERS LLC DIRECTOR

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300000.00

Date of Receipt
10 / 14 / 2016

Transaction ID : SA11A.1304

Amount of Each Receipt this Period
200000.00

Memo Item
CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 10 OF 73
(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. MITCHELL, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10518 206TH AVE NE
 City REDMOND State WA Zip Code 98053-5113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RESEARCH SCIENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11A.1280
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. OBERNDORF, WILLIAM, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 WALNUT ST.
 City SAN FRANCISCO State CA Zip Code 94118-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OBERNDORF ENTERPRISES LLC Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750000.00

Date of Receipt 10 / 14 / 2016
Transaction ID : SA11A.1305
 Amount of Each Receipt this Period 250000.00
 Memo Item
 CONTRIBUTION

C. YEARY, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 GRAND VIEW DRIVE
 City BERKELEY State CA Zip Code 94705-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAMBERVIEW PARTNERS Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 16 / 2016
Transaction ID : SA11A.1281
 Amount of Each Receipt this Period 2700.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 252950.00
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 11 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. BANKE, BARBARA, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1045 ALEXANDER MOUNTAIN RD
 City GEYSERVILLE State CA Zip Code 95441-9315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JACKSON FAMILY WINES Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11A.1308
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

B. ISAAC, PAUL, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 PROSPECT AVENUE
 City LARCHMONT State NY Zip Code 10538-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARBITER PARTNERS Occupation (for Individual) ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11A.1306
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

C. KLEIN, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 MADISON AVENUE
 City NEW YORK State NY Zip Code 10022-4214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PARK TOWER GROUP Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11A.1307
 Amount of Each Receipt this Period 50000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250000.00
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 12 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. POWERS, WILLIAM, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11766 WILSHIRE BLVD
 SUITE 1470
 City LOS ANGELES State CA Zip Code 90025-6579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE STRAND PARTNERS Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11A.1310
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

B. ROSS, STEPHEN, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 COLUMBIA CIRCLE
 City NEW YORK State NY Zip Code 10002-2735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RELATED COMPANIES Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11A.1309
 Amount of Each Receipt this Period 200000.00
 Memo Item CONTRIBUTION

C. LOEB, DANIEL, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 PARK AVENUE
 City NEW YORK State NY Zip Code 10022-4608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THIRD POINT LLC Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700000.00

Date of Receipt 10 / 18 / 2016
Transaction ID : SA11A.1311
 Amount of Each Receipt this Period 100000.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. HILLWOOD DEVELOPMENT COMPANY LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3090 OLIVE STREET
 SUITE 200
 City DALLAS State TX Zip Code 75219-7640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 18 / 2016
Transaction ID : SA11A.1312
 Amount of Each Receipt this Period 200000.00
 Memo Item
CONTRIBUTION

B. IGT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 10580
 City RENO State NV Zip Code 89510-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 18 / 2016
Transaction ID : SA11A.1324
 Amount of Each Receipt this Period 25000.00
 Memo Item
CONTRIBUTION

C. DRUCKENMILLER, STANLEY, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 W 57TH ST
 City NEW YORK State NY Zip Code 10019-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DUQUESNE FAMILY OFFICE LLC FUND MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1313
 Amount of Each Receipt this Period 150000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375000.00
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 14 OF 73
	<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. DUHAMEL, WILLIAM, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3881 CLAY ST.
 City SAN FRANCISCO State CA Zip Code 94118-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROUTE ONE INVESTMENT Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1319
 Amount of Each Receipt this Period 50000.00
 Memo Item
 CONTRIBUTION

B. FOSTER, PAUL, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 W MILLS AVE SUITE 200
 City EL PASO State TX Zip Code 79901-1575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTERN REFINING COMPANY Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1314
 Amount of Each Receipt this Period 1000000.00
 Memo Item
 CONTRIBUTION

C. HERTOGE, ROGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 5TH AVENUE, APT. 13-A
 City NEW YORK State NY Zip Code 10028-0137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HERTOGE FOUNDATION Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1315
 Amount of Each Receipt this Period 50000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1100000.00
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 15 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. MCCAFFERY, MICHAEL, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 POETT RD.
 City HILLSBOROUGH State CA Zip Code 94010-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAKENA CAPITAL MANAGEMENT Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1317
 Amount of Each Receipt this Period 50000.00
 Memo Item
CONTRIBUTION

B. SCHWARZMAN, STEPHEN, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 PARK AVE. FLOOR 31
 City NEW YORK State NY Zip Code 10154-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE BLACKSTONE GROUP Occupation (for Individual) CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1318
 Amount of Each Receipt this Period 1700000.00
 Memo Item
CONTRIBUTION

C. ALTRIA CLIENT SERVICES LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 85088
 City RICHMOND State VA Zip Code 23285-5088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 175000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : SA11A.1316
 Amount of Each Receipt this Period 100000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1850000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN ACTION NETWORK

Mailing Address 1747 PENNSYLVANIA AVE. NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006-4604

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
195428.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11A.1325

Amount of Each Receipt this Period
65111.00

Memo Item
IN-KIND: PAYROLL/OFFICE SPACE/RESEARCH

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65111.00
TOTAL This Period (last page this line number only).....▶	5422311.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd.

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Canvassing

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB.54
Amount of Each Disbursement this Period
-298500.00

Memo Item Independent expenditure previously reported as operating expenditure

Full Name (Last, First, Middle Initial)

B. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd.

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Canvassing

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY
10 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB.55
Amount of Each Disbursement this Period
-301550.00

Memo Item Independent expenditure previously reported as operating expenditure

Full Name (Last, First, Middle Initial)

C. Whatman Associates, Inc.

Mailing Address 6650 Stoffer Rd.

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Canvassing

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB.56
Amount of Each Disbursement this Period
-302600.00

Memo Item Independent expenditure previously reported as operating expenditure

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

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

-902650.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. E.C. Maruggi Incorporated		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 660 South Howell St.		FEC Identification Number C [] Transaction ID : SB.6 Amount of Each Disbursement this Period [] 1000.00	
City St. Paul	State MN	Zip Code 55116	Category/ Type 001
Purpose of Disbursement Business consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. PCI Payment Solutions		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 902 Chinquapin		FEC Identification Number C [] Transaction ID : SB.1 Amount of Each Disbursement this Period [] 592.22	
City McLean	State VA	Zip Code 22102	Category/ Type 003
Purpose of Disbursement Merchant fee			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Optimus Consulting LLC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 1100 H Street, NW Suite 1100		FEC Identification Number C [] Transaction ID : SB.12 Amount of Each Disbursement this Period [] 50000.00	
City Washington	State DC	Zip Code 20005	Category/ Type 001
Purpose of Disbursement Media optimization			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 51592.22
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"/> 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. Cold Spark Media

Mailing Address 307 Fourth Ave.
Suite 920

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Direct mail

004
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.53

Amount of Each Disbursement this Period

Memo Item Independent expenditure previously reported as operating expenditure

Full Name (Last, First, Middle Initial)

B. Newton Heath LLC

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.18

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NMB Research LLC

Mailing Address 206 N. Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.15

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. NMB Research LLC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] Transaction ID : SB.16 Amount of Each Disbursement this Period 17500.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. NMB Research LLC		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] Transaction ID : SB.17 Amount of Each Disbursement this Period 17500.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Push Digital		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address PO Box 7431		FEC Identification Number C [REDACTED] Transaction ID : SB.57 Amount of Each Disbursement this Period -83563.00 Independent expenditure previously reported as operating expenditure	
City Columbia	State SC	Zip Code 29202	Category/ Type 004
Purpose of Disbursement Media placement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	-48563.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address PO Box 53852		FEC Identification Number C [REDACTED]	
City Phoenix	State AZ	Zip Code 85072	Transaction ID : SB.2
Purpose of Disbursement Merchant fee		Category/ Type 003	Amount of Each Disbursement this Period 14531.52
Candidate Name		<input type="checkbox"/> Memo Item	
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. Conston Communications		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 1758 U St. NW, Unit 3		FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20009	Transaction ID : SB.7
Purpose of Disbursement Strategy consulting		Category/ Type 001	Amount of Each Disbursement this Period 7500.00
Candidate Name		<input type="checkbox"/> Memo Item	
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. Meeting Street Research, LLC		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 413 Pitt Street		FEC Identification Number C [REDACTED]	
City Mount Pleasant	State SC	Zip Code 29464	Transaction ID : SB.19
Purpose of Disbursement Survey		Category/ Type 005	Amount of Each Disbursement this Period 14500.00
Candidate Name		<input type="checkbox"/> Memo Item	
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).....▶	36531.52
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. Optimus Consulting LLC		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 1100 H Street, NW Suite 1100		FEC Identification Number C [REDACTED] Transaction ID : SB.21 Amount of Each Disbursement this Period 25000.00	
City Washington	State DC	Zip Code 20005	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 1319 Classen Drive		FEC Identification Number C [REDACTED] Transaction ID : SB.20 Amount of Each Disbursement this Period 15000.00	
City Oklahoma City	State OK	Zip Code 73103	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Wilson Perkins Allen		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 1319 Classen Drive		FEC Identification Number C [REDACTED] Transaction ID : SB.22 Amount of Each Disbursement this Period 15000.00	
City Oklahoma City	State OK	Zip Code 73103	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	55000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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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
Merchant fee

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

Transaction ID : SB.3
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Newton Heath LLC

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Survey

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
10 / 07 / 2016

FEC Identification Number

Transaction ID : SB.23
Amount of Each Disbursement this Period

Memo Item

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
MM / DD / YYYY
10 / 11 / 2016

FEC Identification Number

Transaction ID : SB.4
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Viewpoint, Inc,

Mailing Address 1199 North Lee Street
Suite 808

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.25
Amount of Each Disbursement this Period

Memo Item

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
Donor database subscription

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.14
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DT Client Services LLC

Mailing Address 1101 14th Street NW
Suite 650

City Washington State DC Zip Code 20005

Purpose of Disbursement
Media optimization

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.13
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. NMB Research LLC		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] Transaction ID : SB.24 Amount of Each Disbursement this Period 24000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. North Star Opinion Research, Inc.		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 112 North Alfred Street		FEC Identification Number C [REDACTED] Transaction ID : SB.26 Amount of Each Disbursement this Period 18000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Newton Heath LLC		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016	
Mailing Address P.O. Box 581		FEC Identification Number C [REDACTED] Transaction ID : SB.27 Amount of Each Disbursement this Period 25964.00	
City Alexandria	State VA	Zip Code 22313	Category/ Type 005
Purpose of Disbursement Survey		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	67964.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Newton Heath LLC

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Survey

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.28
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Meeting Street Research, LLC

Mailing Address 413 Pitt Street

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement Survey

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.29
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Meeting Street Research, LLC

Mailing Address 413 Pitt Street

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement Survey

Category/Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.30
 Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. Meeting Street Research, LLC		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 413 Pitt Street		FEC Identification Number C [REDACTED] Transaction ID : SB.31 Amount of Each Disbursement this Period 23500.00	
City Mount Pleasant	State SC	Zip Code 29464	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Meeting Street Research, LLC		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 413 Pitt Street		FEC Identification Number C [REDACTED] Transaction ID : SB.32 Amount of Each Disbursement this Period 15000.00	
City Mount Pleasant	State SC	Zip Code 29464	Category/ Type 005
Purpose of Disbursement Survey		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. American Media & Advocacy Group		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 815 Slaters Lane		FEC Identification Number C [REDACTED] Transaction ID : SB.49 Amount of Each Disbursement this Period 666371.72 Pre-payment for future independent expenditure	
City Alexandria	State VA	Zip Code 22314	Category/ Type 004
Purpose of Disbursement Media placement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	704871.72
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. The Tarrance Group

Mailing Address 201 N. Union St, Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Survey

005
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB.33
 Amount of Each Disbursement this Period
 23419.00

Memo Item

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
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB.11
 Amount of Each Disbursement this Period
 10162.50

Memo Item

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
Category/Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB.10
 Amount of Each Disbursement this Period
 52436.22

Memo Item

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

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

86017.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Anne Schroeder Mullins & Co.

Mailing Address 4436 Yuma Street, NW

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Communications consulting

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.8

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Basswood Research

Mailing Address Air Rights Center, North Tower
4550 Montgomery Ave. Suite 906

City
Bethesda

State
MD

Zip Code
20814

Purpose of Disbursement
Survey

005

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
10			17			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.37

Amount of Each Disbursement this Period

[REDACTED] 14112.00

Memo Item

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
Merchant fee

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB.5

Amount of Each Disbursement this Period

[REDACTED] 51.60

Memo Item

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

[REDACTED] 17163.60

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. Wilson Perkins Allen		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1319 Classen Drive		FEC Identification Number C [REDACTED] Transaction ID : SB.35 Amount of Each Disbursement this Period 34900.00	
City Oklahoma City	State OK	Zip Code 73103	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wilson Perkins Allen		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1319 Classen Drive		FEC Identification Number C [REDACTED] Transaction ID : SB.36 Amount of Each Disbursement this Period 29300.00	
City Oklahoma City	State OK	Zip Code 73103	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Cold Spark Media		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 307 Fourth Ave. Suite 920		FEC Identification Number C [REDACTED] Transaction ID : SB.51 Amount of Each Disbursement this Period 18308.56 Pre-payment for future independent expenditure	
City Pittsburgh	State PA	Zip Code 15222	Category/ Type 004
Purpose of Disbursement Direct mail			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	82508.56
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial) A. NMB Research LLC		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] Transaction ID : SB.39 Amount of Each Disbursement this Period 15500.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. North Star Opinion Research, Inc.		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 112 North Alfred Street		FEC Identification Number C [REDACTED] Transaction ID : SB.40 Amount of Each Disbursement this Period 25000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Targeted Victory		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 1033 North Fairfax Street Suite 400		FEC Identification Number C [REDACTED] Transaction ID : SB.47 Amount of Each Disbursement this Period 54100.00 Pre-payment for future independent expenditure	
City Alexandria	State VA	Zip Code 22314	Category/ Type 004
Purpose of Disbursement Media placement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	94600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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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
In-kind payroll/office space/research

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB.58

Amount of Each Disbursement this Period

65111.00

Memo Item

Full Name (Last, First, Middle Initial)

B. American Media & Advocacy Group

Mailing Address 815 Slaters Lane

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Media placement

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB.46

Amount of Each Disbursement this Period

1073876.16

Pre-payment for future independent expenditure

Memo Item

Full Name (Last, First, Middle Initial)

C. American Media & Advocacy Group

Mailing Address 815 Slaters Lane

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Media placement

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB.52

Amount of Each Disbursement this Period

1165688.56

Pre-payment for future independent expenditure

Memo Item

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

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

2304675.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Cold Spark Media

Mailing Address 307 Fourth Ave.
Suite 920

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Direct mail

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.50

Amount of Each Disbursement this Period

Memo Item Pre-payment for future independent expenditure

Full Name (Last, First, Middle Initial)

B. Newton Heath LLC

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.41

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NMB Research LLC

Mailing Address 206 N. Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB.44

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Push Digital

Mailing Address PO Box 7431

City Columbia State SC Zip Code 29202

Purpose of Disbursement
Media placement

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB.48
Amount of Each Disbursement this Period
25000.00

Memo Item Pre-payment for future independent expenditure

Full Name (Last, First, Middle Initial)

B. TargetPoint Consulting

Mailing Address 66 Canal Center Plaza Suite 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB.43
Amount of Each Disbursement this Period
2755.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Tarrance Group

Mailing Address 201 N. Union St, Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Survey

005
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB.42
Amount of Each Disbursement this Period
21355.00

Memo Item

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

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

49110.00

288550.41

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

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

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. ESA Fund

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C00489856

Transaction ID : SB.9

Amount of Each Disbursement this Period: 1600000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1600000.00
TOTAL This Period (last page this line number only).....▶	1600000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 73
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Honold Communications			Nature of Debt (Purpose): Media production
Mailing Address 252 9th Street, NE			
City Washington	State DC	Zip Code 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SB.133	
Amount Incurred This Period 17432.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 17432.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy			Nature of Debt (Purpose): Media production
Mailing Address P.O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SB.131	
Amount Incurred This Period 26387.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 26387.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedPrint Strategy			Nature of Debt (Purpose): Media production
Mailing Address P.O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SB.132	
Amount Incurred This Period 16878.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16878.00

1) SUBTOTALS This Period This Page (optional)..... ▶	60697.48
2) TOTALS This Period (last page this line number only)..... ▶	60697.48
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	60697.48

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Whatman Associates
Mailing Address: 6650 Stoffer Rd.
City: Bellville, State: OH, Zip Code: 44813
Purpose of Expenditure: Canvassing, Category/Type: 004
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 301550.00
Transaction ID: SB.60
Date of Disbursement or Obligation: 09/26/2016
Name of Federal Candidate: Teachout, Zephyr, , , Support/Oppose
Office Sought: House, District: 19, State: NY
Calendar Year-To-Date Per Election for Office Sought: 1447060.65
Disbursement For: General 2016

Full Name of Payee: Push Digital
Mailing Address: P.O. Box 21892
City: Charleston, State: SC, Zip Code: 29413
Purpose of Expenditure: Media placement, Category/Type: 004
Date of Public Distribution/Dissemination: 10/04/2016
Amount: 20309.00
Transaction ID: SB.61
Date of Disbursement or Obligation: 10/03/2016
Name of Federal Candidate: Teachout, Zephyr, , , Support/Oppose
Office Sought: House, District: 19, State: NY
Calendar Year-To-Date Per Election for Office Sought: 1467369.65
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 321859.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Cold Spark Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2016						
Mailing Address 307 Fourth Ave. Suite 920	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17977.56</div> Transaction ID : SB.62 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Pittsburgh</td> <td>PA</td> <td>15222</td> </tr> </table>		City	State	Zip Code	Pittsburgh	PA	15222
City		State	Zip Code				
Pittsburgh	PA	15222					
Purpose of Expenditure Direct mail							
Name of Federal Candidate: Teachout, Zephyr, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Target Enterprises	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 04 / 2016						
Mailing Address 15260 Ventura Blvd. Suite 1240	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">136000.00</div> Transaction ID : SB.63 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 03 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Sherman Oaks</td> <td>CA</td> <td>91403</td> </tr> </table>		City	State	Zip Code	Sherman Oaks	CA	91403
City		State	Zip Code				
Sherman Oaks	CA	91403					
Purpose of Expenditure Media placement							
Name of Federal Candidate: Teachout, Zephyr, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">153977.56</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

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Date

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

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Target Enterprises			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Mailing Address 15260 Ventura Blvd. Suite 1240			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">944000.00</div> Transaction ID : SB.66 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016		
City Sherman Oaks	State CA	Zip Code 91403			
Purpose of Expenditure Media placement		Category/Type 004			
Name of Federal Candidate: Teachout, Zephyr, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought 2734347.21			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Statewide Impact Media LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2016		
Mailing Address 131 East 23rd Street, #8G			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12550.00</div> Transaction ID : SB.67 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City New York	State NY	Zip Code 10010			
Purpose of Expenditure Media placement		Category/Type 004			
Name of Federal Candidate: Teachout, Zephyr, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought 2746897.21			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">956550.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Something Else Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 15 / 2016</div>						
Mailing Address 212 Golden Willow Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15000.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Easley</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">29642</td> </tr> </table>		City	State	Zip Code	Easley	SC	29642
City		State	Zip Code				
Easley	SC	29642					
Purpose of Expenditure Media production	Category/Type 004						
Name of Federal Candidate: Teachout, Zephyr, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought 2761897.21	Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <input type="checkbox"/> Memo Item Push Digital	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2016</div>						
Mailing Address P.O. Box 21892	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">81236.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Charleston</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">29413</td> </tr> </table>		City	State	Zip Code	Charleston	SC	29413
City		State	Zip Code				
Charleston	SC	29413					
Purpose of Expenditure Media placement	Category/Type 004						
Name of Federal Candidate: Teachout, Zephyr, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought 2843133.21	Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">96236.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

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Date

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

10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Target Enterprises	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016						
Mailing Address 15260 Ventura Blvd. Suite 1240	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225000.00</div> Transaction ID : SB.70 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Sherman Oaks</td> <td>CA</td> <td>91403</td> </tr> </table>		City	State	Zip Code	Sherman Oaks	CA	91403
City		State	Zip Code				
Sherman Oaks	CA	91403					
Purpose of Expenditure Media placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Teachout, Zephyr, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3068133.21</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Whatman Associates	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016						
Mailing Address 6650 Stoffer Rd.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">151300.00</div> Transaction ID : SB.71 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Bellville</td> <td>OH</td> <td>44813</td> </tr> </table>		City	State	Zip Code	Bellville	OH	44813
City		State	Zip Code				
Bellville	OH	44813					
Purpose of Expenditure Canvassing							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Zeldin, Lee, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">151663.33</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">376300.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00504530 </div>
---	---

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

Full Name of Payee <input type="checkbox"/> Memo Item Whatman Associates	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 6650 Stoffer Rd.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 151300.00 </div>
City State Zip Code Bellville OH 44813	Transaction ID : SB.72 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Canvassing	Category/Type 004
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Throne-Holst, Anna, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 302963.33 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 815 Slaters Lane	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 481218.16 </div>
City State Zip Code Alexandria VA 22314	Transaction ID : SB.73 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Media placement	Category/Type 004
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Throne-Holst, Anna, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 784181.49 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 632518.16 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Whatman Associates
Mailing Address: 6650 Stoffer Rd.
City: Bellville, State: OH, Zip Code: 44813
Purpose of Expenditure: Canvassing, Category/Type: 004
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 149250.00
Transaction ID: SB.76
Date of Disbursement or Obligation: 09/26/2016
Name of Federal Candidate: Deacon, Colleen, Support/Oppose
Office Sought: House, District: 24, State: NY
Disbursement For: General 2016

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement, Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 192244.30
Transaction ID: SB.77
Date of Disbursement or Obligation: 10/07/2016
Name of Federal Candidate: Deacon, Colleen, Support/Oppose
Office Sought: House, District: 24, State: NY
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 341494.30
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee RedPrint Strategy <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. Box 710993	Amount <input type="text"/>
City Herndon State VA Zip Code 20171	Transaction ID : SB.78
Purpose of Expenditure Media production Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Deacon, Colleen, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 508732.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1033 North Fairfax Street Suite 400	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	Transaction ID : SB.79
Purpose of Expenditure Media placement Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Deacon, Colleen, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 562886.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 71778.50
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

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Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 815 Slaters Lane		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">192244.30</div>
City Alexandria State VA Zip Code 22314		
Purpose of Expenditure Media placement	Category/Type 004	Transaction ID : SB.80 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2016
Name of Federal Candidate: Deacon, Colleen, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 755130.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RedPrint Strategy Independent expenditure paid after dissemination. See Schedule D		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address P.O. Box 710993		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16878.00</div>
City Herndon State VA Zip Code 20171		
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : SB.81 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2016
Name of Federal Candidate: Deacon, Colleen, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 772008.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">192244.30</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Scott Howell & Company			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>		
Mailing Address 3900 Willow St Suite 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15000.00</div>		
City Dallas	State TX	Zip Code 75226			
Purpose of Expenditure Media production		Category/Type 004	Transaction ID : SB.84 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>		
Name of Federal Candidate: Perkins, Randy, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>18</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1771801.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Push Digital			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2016</div>		
Mailing Address P.O. Box 21892			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>		
City Charleston	State SC	Zip Code 29413			
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : SB.85 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 11 / 2016</div>		
Name of Federal Candidate: Perkins, Randy, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>18</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 1796801.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">40000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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

Crosby, Caleb, , ,

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Date

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10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Scott Howell & Company			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2016		
Mailing Address 3900 Willow St Suite 200			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18000.00</div>		
City Dallas	State TX	Zip Code 75226	Transaction ID : SB.86 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2016		
Purpose of Expenditure Media production		Category/ Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Perkins, Randy, , ,		
Name of Federal Candidate: Perkins, Randy, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 18 State: FL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1814801.72</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Push Digital			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Mailing Address P.O. Box 21892			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118072.00</div>		
City Charleston	State SC	Zip Code 29413	Transaction ID : SB.87 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 06 / 2016		
Purpose of Expenditure Media placement		Category/ Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Gallego, Pete, , ,		
Name of Federal Candidate: Gallego, Pete, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 23 State: TX		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">118435.33</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">136072.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

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

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Gallego, Pete, , ,
Office Sought: House, District: 23, State: TX
Amount: 1498000.48
Transaction ID: SB.88
Date of Disbursement or Obligation: 10/07/2016
Disbursement For: General 2016

Full Name of Payee: SRCP Media
Mailing Address: 201 N Union St, Suite 200
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media production
Category/Type: 004
Name of Federal Candidate: Gallego, Pete, , ,
Office Sought: House, District: 23, State: TX
Amount: 40569.19
Transaction ID: SB.89
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 1538569.67
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, , ,

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Date

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee SRCP Media
Mailing Address 201 N Union St Suite 200
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media production
Category/Type 004
Date of Public Distribution/Dissemination 10/18/2016
Amount 20979.00
Transaction ID : SB.90
Date of Disbursement or Obligation 10/19/2016
Name of Federal Candidate: Gallego, Pete, ,
Support Oppose
Office Sought: House District: 23
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 1677984.00
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee American Media & Advocacy Group
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media placement
Category/Type 004
Date of Public Distribution/Dissemination 10/11/2016
Amount 952836.80
Transaction ID : SB.91
Date of Disbursement or Obligation 10/07/2016
Name of Federal Candidate: Bera, Ami, ,
Support Oppose
Office Sought: House District: 07
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 953200.13
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 973815.80
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, ,

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Date

10/27/2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item DMM Media	Date of Public Distribution/Dissemination 10 / 11 / 2016			
Mailing Address 1911 N Fort Myer Drive Suite 400	Amount 14804.21			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Arlington</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22209</td> </tr> </table>		City Arlington	State VA	Zip Code 22209
City Arlington		State VA	Zip Code 22209	
Purpose of Expenditure Media production Category/Type 004				
Name of Federal Candidate: <input type="checkbox"/> Support Bera, Ami, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>			
Calendar Year-To-Date Per Election for Office Sought 968004.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item DMM Media	Date of Public Distribution/Dissemination 10 / 11 / 2016			
Mailing Address 1911 N Fort Myer Drive Suite 400	Amount 2795.52			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Arlington</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22209</td> </tr> </table>		City Arlington	State VA	Zip Code 22209
City Arlington		State VA	Zip Code 22209	
Purpose of Expenditure Media production Category/Type 004				
Name of Federal Candidate: <input type="checkbox"/> Support Bera, Ami, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>			
Calendar Year-To-Date Per Election for Office Sought 970799.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	17599.73
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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

Crosby, Caleb, , , **[Electronically Filed]** Date 10 / 27 / 2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: The Prosper Group Corp.
Mailing Address: 435 E Main St, Suite 250, Greenwood, IN 46143
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Bera, Ami, ,
Office Sought: House, District: 07, State: CA
Amount: 19042.00
Transaction ID: SB.94
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General 2016

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane, Alexandria, VA 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, ,
Office Sought: House, District: 08, State: MN
Amount: 927513.04
Transaction ID: SB.95
Date of Disbursement or Obligation: 10/07/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 946555.04
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Crosby, Caleb, ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: DMM Media
Mailing Address: 1911 N Fort Myer Drive, Suite 400, Arlington, VA 22209
Purpose of Expenditure: Media production
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, , Support/Oppose
Office Sought: House, District: 08, State: MN
Amount: 14928.67
Transaction ID: SB.96
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General 2016

Full Name of Payee: The Prosper Group Corp.
Mailing Address: 435 E Main St, Suite 250, Greenwood, IN 46143
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, , Support/Oppose
Office Sought: House, District: 08, State: MN
Amount: 83774.00
Transaction ID: SB.97
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 98702.67
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item DMM Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Mailing Address 1911 N Fort Myer Drive Suite 400			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2867.54</div>		
City Arlington	State VA	Zip Code 22209	Transaction ID : SB.98 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2016		
Purpose of Expenditure Media production		Category/ Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Nolan, Rick, , ,		
Name of Federal Candidate: Nolan, Rick, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 08 State: MN	
Calendar Year-To-Date Per Election for Office Sought 1029083.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">743083.44</div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB.99 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2016		
Purpose of Expenditure Media placement		Category/ Type 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Nolan, Rick, , ,		
Name of Federal Candidate: Nolan, Rick, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 08 State: MN	
Calendar Year-To-Date Per Election for Office Sought 1772166.69			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">745950.98</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, ,
Office Sought: House, District: 08, State: MN
Amount: 44945.52
Transaction ID: SB.100
Date of Disbursement or Obligation: 10/14/2016
Disbursement For: General 2016

Full Name of Payee: DMM Media
Mailing Address: 1911 N Fort Myer Drive, Suite 400
City: Arlington, State: VA, Zip Code: 22209
Purpose of Expenditure: Media production
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, ,
Office Sought: House, District: 08, State: MN
Amount: 14949.87
Transaction ID: SB.101
Date of Disbursement or Obligation: 10/19/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 59895.39
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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Crosby, Caleb, ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee DMM Media <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1911 N Fort Myer Drive Suite 400		Amount <input type="text"/>
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Media production		Transaction ID : SB.102
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Nolan, Rick, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		<input type="text"/>

Full Name of Payee American Media & Advocacy Group <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 815 Slaters Lane		Amount <input type="text"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media placement		Transaction ID : SB.103
Category/Type <input type="text"/>		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		<input type="text"/>

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

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

/ /

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
Mailing Address P.O. Box 710993	Amount 17425.50
City Herndon State VA Zip Code 20171	
Purpose of Expenditure Media production Category/Type 004	
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 1009978.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Victory	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
Mailing Address 1033 North Fairfax Street Suite 400	Amount 39908.00
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Media placement Category/Type 004	
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 1049886.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	57333.50
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2016</div>			
Mailing Address 815 Slaters Lane	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">60002.44</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Alexandria</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Media placement	Category/Type 004			
Name of Federal Candidate: Rosen, Jacky, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 1109888.97	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2016</div>			
Mailing Address 815 Slaters Lane	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">993379.70</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Alexandria</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Media placement	Category/Type 004			
Name of Federal Candidate: Rosen, Jacky, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 2103268.67	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1053382.14</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Crosby, Caleb, , ,

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

10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2016</div>		
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">59877.48</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media placement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SB.108 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2016</div>		
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2163146.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RedPrint Strategy Independent expenditure paid after dissemination. See Schedule D			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2016</div>		
Mailing Address P.O. Box 710993			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">26387.00</div>		
City Herndon	State VA	Zip Code 20171			
Purpose of Expenditure Media production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : SB.109 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 20 / 2016</div>		
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2189533.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">59877.48</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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

10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">595156.00</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : SB.110 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2016		
Name of Federal Candidate: Bennett, LuAnn, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>10</u> State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought 595519.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item The Prosper Group Corp.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Mailing Address 435 E Main St Suite 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">83928.00</div>		
City Greenwood	State IN	Zip Code 46143			
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : SB.111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
Name of Federal Candidate: Bennett, LuAnn, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>10</u> State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought 679447.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">679084.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item RedPrint Strategy	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 11 / 2016 </div>			
Mailing Address P.O. Box 710993	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 15926.50 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Herndon</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 20171</td> </tr> </table>		City Herndon	State VA	Zip Code 20171
City Herndon		State VA	Zip Code 20171	
Purpose of Expenditure Media production				
Name of Federal Candidate: <input type="checkbox"/> Support Bennett, LuAnn, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
<div style="border: 1px solid black; padding: 2px; width: 200px;"> 695373.83 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 10 / 18 / 2016 </div>			
Mailing Address 815 Slaters Lane	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 593031.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Alexandria</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Media placement				
Name of Federal Candidate: <input type="checkbox"/> Support Bennett, LuAnn, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
<div style="border: 1px solid black; padding: 2px; width: 200px;"> 1288404.83 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 608957.50 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Crosby, Caleb, , ,
Signature

[Electronically Filed]

Date / /
10 / 27 / 2016

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

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

Full Name of Payee <input type="checkbox"/> Memo Item The Prosper Group Corp.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address 435 E Main St Suite 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		
City Greenwood	State IN	Zip Code 46143			
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : SB.114 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Eggman, Michael, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Honold Communications Independent expenditure paid after dissemination. See Schedule D			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address 252 9th Street NE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17432.48</div>		
City Washington	State DC	Zip Code 20002			
Purpose of Expenditure Media production		Category/Type 004	Transaction ID : SB.115 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Eggman, Michael, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">67432.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee
American Media & Advocacy Group
Mailing Address
815 Slaters Lane
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
Media placement Category/Type
004
Date of Public Distribution/Dissemination
10 / 19 / 2016
Amount
1614177.60
Transaction ID : SB.116
Date of Disbursement or Obligation
10 / 14 / 2016

Name of Federal Candidate:
Eggman, Michael, ,
Support Oppose
Office Sought:
House District: 10
President Senate State: CA
Calendar Year-To-Date
Per Election for Office Sought
1681610.08
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
American Media & Advocacy Group
Mailing Address
815 Slaters Lane
City
Alexandria State
VA Zip Code
22314
Purpose of Expenditure
Media placement Category/Type
004
Date of Public Distribution/Dissemination
10 / 18 / 2016
Amount
329403.36
Transaction ID : SB.117
Date of Disbursement or Obligation
10 / 14 / 2016

Name of Federal Candidate:
Mowrer, Jim, ,
Support Oppose
Office Sought:
House District: 03
President Senate State: IA
Calendar Year-To-Date
Per Election for Office Sought
329403.36
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1943580.96
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, ,

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Date

10 / 27 / 2016

Signature

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

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

Full Name of Payee <input type="checkbox"/> Memo Item The Prosper Group Corp.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 435 E Main St Suite 250	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">88575.00</div> Transaction ID : SB.118 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
City Greenwood State IN Zip Code 46143	
Purpose of Expenditure Media placement Category/Type 004	
Name of Federal Candidate: Mowrer, Jim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 417978.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item DMM Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 1911 N Fort Myer Drive Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14918.46</div> Transaction ID : SB.119 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2016
City Arlington State VA Zip Code 22209	
Purpose of Expenditure Media production Category/Type 004	
Name of Federal Candidate: Mowrer, Jim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 432896.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">103493.46</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Crosby, Caleb, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if 24-hour report 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee DMM Media	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016
Mailing Address 1911 N Fort Myer Drive Suite 400		Amount 2813.32
City Arlington	State VA	Zip Code 22209
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : SB.120 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016
Name of Federal Candidate: Mowrer, Jim, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	435710.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SRCP Media	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016
Mailing Address 201 N Union St Suite 200		Amount 19783.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : SB.121 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016
Name of Federal Candidate: Heinz, Matt, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	19783.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	▶	22596.32
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

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Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 815 Slaters Lane		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22314	552567.60
Purpose of Expenditure Media placement		Category/Type <input type="text"/>	004
Name of Federal Candidate: Heinz, Matt, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
572350.60		<input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Push Digital		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. Box 21892		Amount <input type="text"/>	
City Charleston	State SC	Zip Code 29413	42000.00
Purpose of Expenditure Media placement		Category/Type <input type="text"/>	004
Name of Federal Candidate: Heinz, Matt, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
614350.60		<input type="text"/>	

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

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Crosby, Caleb, , , **[Electronically Filed]** Date / /
Signature **10** / **27** / **2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 10/18/2016
Amount: 663412.92
Transaction ID: SB.124
Date of Disbursement or Obligation: 10/17/2016
Name of Federal Candidate: Ashford, Brad, , ,
Office Sought: House, District: 02, State: NE
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 663776.26

Full Name of Payee: Something Else Strategies
Mailing Address: 212 Golden Willow Ct
City: Easley, State: SC, Zip Code: 29642
Purpose of Expenditure: Media production
Category/Type: 004
Date of Public Distribution/Dissemination: 10/18/2016
Amount: 19000.00
Transaction ID: SB.125
Date of Disbursement or Obligation: 10/17/2016
Name of Federal Candidate: Ashford, Brad, , ,
Office Sought: House, District: 02, State: NE
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 682776.26

(a) SUBTOTAL of Itemized Independent Expenditures: 682412.92
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Crosby, Caleb, , ,
Signature

[Electronically Filed]

Date: 10/27/2016

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Push Digital		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address P.O. Box 21892		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">63249.99</div>	
City Charleston	State SC	Zip Code 29413	Transaction ID : SB.126
Purpose of Expenditure Media placement		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Name of Federal Candidate: Ashford, Brad, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought 746026.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item American Media & Advocacy Group		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016	
Mailing Address 815 Slaters Lane		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1938724.04</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB.127
Purpose of Expenditure Media placement		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Name of Federal Candidate: Santarsiero, Steve, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 1939087.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2001974.03</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Crosby, Caleb, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016
 Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Push Digital			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. Box 21892			Amount <input type="text"/>		
City Charleston	State SC	Zip Code 29413	Transaction ID : SB.128		
Purpose of Expenditure Media placement		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Santarsiero, Steve, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Scott Howell & Company			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3900 Willow St Suite 200			Amount <input type="text"/>		
City Dallas	State TX	Zip Code 75226	Transaction ID : SB.129		
Purpose of Expenditure Media production		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Santarsiero, Steve, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

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

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Crosby, Caleb, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Whatman Associates	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6650 Stoffer Rd.	Amount <input type="text"/>
City Bellville State OH Zip Code 44813	Transaction ID : SB.130 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Canvassing Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Plumb, John, , , Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 23 State: NY
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State:
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

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Crosby, Caleb, , , [Electronically Filed] Date / /

Signature