## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BUCKEYE LEADERSHIP FUND	
	C C00790923
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
MAIN STREET MEDIA GROUP	M M / D D / Y Y Y Y
Mailing Address P.O. BOX 25093	04 05 2022 Amount
City State Zip Code	18634.27
ALEXANDRIA VA 22313	Transaction ID : SE24.150 Date of Disbursement or Obligation
Purpose of Expenditure RADIO PLACEMENT  Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
DOLAN, MATT, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought  Disbut 2022	ursement For:   ✓ Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
MAIN STREET MEDIA GROUP	M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 25093	04 06 2022
1.0. BGX 20000	Amount
City State Zip Code	77866.73
ALEXANDRIA VA 22313	Transaction ID : SE24.151
Purpose of Expenditure  Category/	Date of Disbursement or Obligation
RADIO PLACEMENT Type	04 06 2022
Name of Federal Candidate Support Office	e Sought: House District:
DOLAN, MATT, , ,	President State: OH
	ursement For: X Primary General
Per Election for Office Sought 1388225.00 2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	96501.00
	7, 7, 7, 7,
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures.	96501.00
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.	
24.0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	