### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 5 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	ort Amends report fi	iled on Man / Dab / Yayayay				
Full Name of Payee RED RIGHT MEDIA						
	03 05 7 2024					
Mailing Address PO BOX 2274		Amount				
City State	Zip Code	124793.34				
ARLINGTON VA	22202	Transaction ID : SE24.14258 Date of Disbursement or Obligation				
Purpose of Expenditure	Category/	M = M / D = D / Y = Y = Y				
MEDIA PLACEMENT	Type	02 27 2024				
Name of Federal Candidate	Support Of	ffice Sought: House District:				
MORENO, BERNIE, , ,	X Oppose	President State: OH				
Calendar Year-To-Date		isbursement For: X Primary General				
Per Election for Office Sought	1979393.00	Other (specify) ▶				
Full Name of Payee RED RIGHT MEDIA		Date of Public Distribution/Dissemination				
RED RIGHT MEDIA		03 / 05 / 2024				
Mailing Address PO BOX 2274		Amount				
	Zip Code	124793.33 Transaction ID : SE24.14267				
	22202	Date of Disbursement or Obligation				
Purpose of Expenditure  MEDIA PLACEMENT	Category/ Type	02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate						
LAROSE, FRANK, , ,		ffice Sought: House District:				
	Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought		isbursement For: X Primary General 024				
- St. Electrical Control Setting III		Other (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures		249586.67				
(a) SOBTOTAL OF REINIZED HIDEPERIDEN EXPENDITURES	······	249300.07				
(b) SUBTOTAL of Unitemized Independent Expenditures	······					
		45 45 45				
(c) 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.						
RUTLAND, JANNA, , ,	Date	03 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature						

	eduic L)		FOR SE OF FORM 24/48		
	E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Βl	ICKEYE LEADERSHIP FUND	C C00790923			
Check if X 24-hour report 48-hour report Amends report filed on					
F	Full Name of Payee		Date of Public Distribution/Dissemination		
	RED RIGHT MEDIA	03 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
N	Mailing Address PO BOX 2274	Amount			
	City State	Zip Code	124793.33		
- 1	ARLINGTON VA	Transaction ID : SE24.14268  Date of Disbursement or Obligation			
	Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	02 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
1	Name of Federal Candidate	Support Of	fice Sought: House District:		
	DOLAN, MATT, , ,	Oppose	President State: OH		
	Calendar Year-To-Date Per Election for Office Sought	1979395.00 Dia	sbursement For:		
	Full Name of Payee		Date of Public Distribution/Dissemination		
-	Mailing Address PO BOX 2274		03 05 2024 Amount		
	Dity State	Zip Code	475533.34		
	ARLINGTON VA	22202	Transaction ID : SE24.14271  Date of Disbursement or Obligation		
	Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	Mod		
	Name of Federal Candidate	Support Of	fice Sought: House District:		
	MORENO, BERNIE, , ,		President State: OH		
	Calendar Year-To-Date Per Election for Office Sought	Di	sbursement For: X Primary General  Other (specify) ▶		
(a	) SUBTOTAL of Itemized Independent Expenditures		600326.67		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c	) 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.					
	RUTLAND, JANNA, , ,	Date	03		
	Signature				

PAGE 2

OF

,		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 / D = D / Y = Y = Y
Full Name of Payee	Date of	of Public Distribution/Dissemination
RED RIGHT MEDIA	М	03 / 05 / 2024
Mailing Address PO BOX 2274	Amou	nt
City State Zip Code		475533.33
ARLINGTON VA 22202		action ID : SE24.14272 of Disbursement or Obligation
Purpose of Expenditure  MEDIA PLACEMENT  Categor  Typ	ry/	03 05 7 2024
Name of Federal Candidate	Support Office Sough	t: House District:
LAROSE, FRANK, , ,	Oppose Preside	ent X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 1979395.	Disbursement 2024 O	t For:
Full Name of Payee RED RIGHT MEDIA		of Public Distribution/Dissemination
Mailing Address PO BOX 2274	Amou	
City State Zip Code		475533.33
ARLINGTON VA 22202		oction ID : SE24.14273 of Disbursement or Obligation
Purpose of Expenditure  MEDIA PLACEMENT  Categor  Typ	ry/	03 / 05 / 2024
Name of Federal Candidate	Support Office Sough	t: House District:
DOLAN, MATT, , ,	Oppose Preside	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 1979395.	Disbursemen 2024 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	951066.66
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7
(c) TOTAL Independent Expenditures	· .	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
RUTLAND, JANNA, , ,	Date 03	06 2024
Signature		

PAGE

OF

	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				
Full Name of Payee	Date of Public Distribution/Dissemination				
SRCP MEDIA, INC.	03 05 2024				
Mailing Address 201 N. UNION ST	Amount				
SUITE 200	4302.34  Transaction ID : SE24.14264  Date of Disbursement or Obligation				
City State Zip Code ALEXANDRIA VA 22314					
Purpose of Expenditure  MEDIA PRODUCTION  Category/ Type	03 04 2024				
Name of Federal Candidate Support Office	e Sought: House District:				
MORENO, BERNIE, , ,	President State: OH				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2024	ursement For:				
Full Name of Payee SRCP MEDIA, INC.	Date of Public Distribution/Dissemination				
Mailing Address 201 N. UNION ST	03 05 2024 Amount				
SUITE 200 City State Zip Code	4302.33				
ALEXANDRIA VA 22314	Transaction ID : SE24.14265				
Purpose of Expenditure MEDIA PRODUCTION  Category/ Type	Date of Disbursement or Obligation  03  04  2024				
Name of Federal Candidate Support Office	e Sought: House District:				
LAROCE EDANIC	President State: OH				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2024	ursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures	8604.67				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) 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.					
RUTLAND, JANNA, , ,  Signature	06 2024				
g					

PAGE

OF

5

ochedale L)							FOR SE O	F FORM 2	24/48
NAME OF COMMITTE	,					FEC	IDENTIFICATI	ON NUM	BER ▼
BUCKEYE LEA	ADERSHIP FUND					С	C00790923		
Check if X 24-hour report 48-hour report Amends report filed on									
Full Name of Paye	ee				Date	of Pub	olic Distribution	/Dissemii	nation
SRCP MEDIA, INC.					03 05 7 2024				
Mailing Address 201 N. UNION ST					Δm	Amount			
	SUITE 200				Ainc	Amount			
City ALEXANDRIA						4302.33 Transaction ID : SE24.14266			
Purpose of Expen	Purpose of Evpanditure				Date	Date of Disbursement or Obligation			
MEDIA PRODUC			Category, Type		$\perp \mid \; \mid \; \mid$	03	04	20	24
Name of Federal	Candidate		X	Support	Office Sou	ght:	House	District:	
DOLAN, MATT, , ,				Oppose	Presi	dent	X Senate	State:	OH
Calendar Yea	r-To-Date for Office Sought		1979395.0	0	Disburseme 2024		Primary	у	General
Full Name of Paye	ee	,					blic Distribution	n/Dissemi	nation
l am manne en ruje						M = M			TAUOH
Mailing Address					Amo	ount	لباا		
City		State	Zip Code						
					Det	a of Die	shursement or	Ohligation	
Purpose of Expen	penditure Category/ Type				Date of Disbursement or Obligation				
Name of Federal	Candidate			Support	Office Sou	ght:	House	District:	
				Oppose	Pres	_	Senate	State:	
Calendar Yea	r-To-Date			-	Disbursem				General
	for Office Sought	, , ,				Other (	(specify) ►		
(a) SUBTOTAL of	Itemized Independent Expenditures	S			· • [		F	4302	.33
(b) SUBTOTAL of Unitemized Independent Expenditures									
(c) TOTAL Indeper	dent Expenditures				· ·		7- 1-7-	1813887	2.00
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.									
	AND, JANNA, , ,		_	Date	03	06		24	
Signature									

PAGE 5

OF