

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. JOHNSON, CHARLES, B., ,**

Mailing Address 1220 S. OCEAN BLVD

City  
PALM BEACH

State  
FL

Zip Code  
33480-5016

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 ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2017

**Transaction ID : SA11A.1583**

Amount of Each Receipt this Period

300000.00

☐ Memo Item  
CONTRIBUTION

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

**B. 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 ▼

6948652.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2017

**Transaction ID : SA11A.1582**

Amount of Each Receipt this Period

600000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MENDIOLA JR., RUBEN, A., ,**

Mailing Address P.O. BOX 566300

City  
MIAMI

State  
FL

Zip Code  
33256-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEALERNFA, INC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2017

**Transaction ID : SA11A.1575**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

900250.00