

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Congressional Leadership Fund

ADDRESS (number and street)

1747 Pennsylvania Avenue, NW

5th Floor

Check if different
than previously
reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00504530

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

11

26

2024

12

31

2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Crosby, Caleb, , ,

Signature of Treasurer

Crosby, Caleb, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

31

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**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:

M M / D D / Y Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y Y
12 31 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		54406818.55
(b) Cash on Hand at Beginning of Reporting Period.....	1489754.07	
(c) Total Receipts (from Line 19)	328021.28	183953144.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1817775.35	238359962.60
7. Total Disbursements (from Line 31)	219536.80	236761724.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1598238.55	1598238.55
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)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Congressional Leadership Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 31 2024**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).....

0.00

100.00

(ii) Unitemized

0.00

300.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

400.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

5400.00

12. Transfers From Affiliated/Other

Party Committees.....

1702.22

675370.55

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

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

326319.06

183272373.50

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))

328021.28

183953144.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

328021.28

183953144.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	500.00	24964.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	500.00	24964.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	335000.00
24. Independent Expenditures (use Schedule E)	0.00	215410222.48
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	5000.00
(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	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	219036.80	20986536.64
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)) ..	219536.80	236761724.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	219536.80	236761724.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	0.00	5400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	500.00	24964.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	24964.93

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. GROW THE MAJORITYMailing Address 228 SOUTH WASHINGTON STREET
SUITE 115City
ALEXANDRIAState
VAZip Code
22314-5404FEC ID number of contributing
federal political committee.**C** C00858373

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393188.76

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2024**Transaction ID : SA12.584196**

Amount of Each Receipt this Period

1702.22

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

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

B. ARONOV, JAKE, F., ,

Mailing Address P.O. BOX 235000

City
MONTGOMERYState
ALZip Code
36123-5000FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

ARONOV REALTY MANAGEMENT INC

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2024**Transaction ID : SA12.584207**

Amount of Each Receipt this Period

4200.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

C. BERGER, PETER, E., ,

Mailing Address 601 LEXINGTON AVE FL 59

City
NEW YORKState
NYZip Code
10022-4611FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

SIRIS CAPITAL

Occupation (for Individual)

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

9421.43

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2024**Transaction ID : SA12.584203**

Amount of Each Receipt this Period

1250.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

1702.22

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. CRAWFORD, EDWARD, J., , III

Mailing Address 333 TEXAS ST STE 2300

City
SHREVEPORTState
LAZip Code
71101-3680FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
ATCO INVESTMENTS CO.Occupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2024

Transaction ID : SA12.584204

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

B. FERTITTA, TILMAN, J., ,

Mailing Address 1510 WEST LOOP SOUTH

City
HOUSTONState
TXZip Code
77027-9505FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
LANDRY'S, INC.Occupation (for Individual)
C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2024

Transaction ID : SA12.584210

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

C. GLAZER, EDWARD, , ,

Mailing Address 10250 CONSTELLATION BOULEVARD, SUI

City
LOS ANGELESState
CAZip Code
90067-6245FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
TBBOccupation (for Individual)
CO-CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2024

Transaction ID : SA12.584198

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. GULLQUIST, HERBERT, W., ,

Mailing Address 530 COCONUT PALM RD

City
VERO BEACHState
FLZip Code
32963-3711FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2024

Transaction ID : SA12.584202

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

B. MASTROIANNI, NICHOLAS, , ,

Mailing Address 691 U.S. 1

City
TEQUESTAState
FLZip Code
33469-FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
US IMMIGRATION FUND LLCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2024

Transaction ID : SA12.584206

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

C. MEIJER, MARK, , ,

Mailing Address PO BOX 2284

City
GRAND RAPIDSState
MIZip Code
49501-2284FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
LIFE EMSOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2024

Transaction ID : SA12.584209

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. MODESETT, DAVID, , ,

Mailing Address PO BOX 27357

City
HOUSTONState
TXZip Code
77227-7357FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VEGA ENERGY HOLDINGSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4774.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA12.584200

Amount of Each Receipt this Period

652.17

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

B. PAPPAS, CHRISTOPHER, , ,

Mailing Address P.O. BOX 41567

City
HOUSTONState
TXZip Code
77241-1567FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAPPAS RESTAURANTSOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2024

Transaction ID : SA12.584208

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

C. POLSKY, MICHAEL, , ,Mailing Address 1 SOUTH WACKER DRIVE
SUITE 1810City
CHICAGOState
ILZip Code
60606-4614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

17.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA12.584199

Amount of Each Receipt this Period

17.39

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

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

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. SMITH, FREDERICK, W., ,

Mailing Address 942 S SHADY GROVE RD

City
MEMPHISState
TNZip Code
38120-4117FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FEDERAL EXPRESS CORPORATIONOccupation (for Individual)
CHAIRMAN & C. E. O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
09	/	30	/	2024

Transaction ID : SA12.584197

Amount of Each Receipt this Period

- 5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

B. COW CREEK BAND OF UMPQUA TRIBE OF INDIANS

Mailing Address 2371 NE STEPHENS STREET, SUITE 100

City
ROSEBURGState
ORZip Code
97470-1399FEC 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 ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
11	/	14	/	2024

Transaction ID : SA12.584211

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

C. DIRECT SUPPLY INC. PARTNERS PAC

Mailing Address 6767 N. INDUSTRIAL RD.

City
MILWAUKEEState
WIZip Code
53223-1211FEC ID number of contributing
federal political committee.**C** C00409516

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	09	/	2024

Transaction ID : SA12.584201

Amount of Each Receipt this Period

833.34

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. US IMMIGRATION FUND LLC

Mailing Address 691 U.S. 1

City
TEQUESTAState
FLZip Code
33469-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 ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA12.584205

Amount of Each Receipt this Period

4200.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

0.00

1702.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024**Transaction ID : SA17.577079**

Amount of Each Receipt this Period

1841.38

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. CHEN, JAMES, , ,

Mailing Address 2735 GEORGETOWN BOULEVARD

City
ANN ARBORState
MIZip Code
48105-1551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHEN INVESTMENT GROUPOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024**Transaction ID : SA17.577150**

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CURTIN, DINO, , ,

Mailing Address 228 U ST

City
RIO LINDAState
CAZip Code
95673-1337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024**Transaction ID : SA17.577110**

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

0.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 293
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. FREEMAN, CHRIS, , ,

Mailing Address 16221 FOSTER STREET

City
OVERLAND PARKState
KSZip Code
66085-8418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577117

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577184

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577185

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

1006.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 293

(check only one)

<input 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 checked="" 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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577186

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577187

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PRICE, JOHN, , ,

Mailing Address 1520 OLD REAGAN WELLS RD

City
LEAKEYState
TXZip Code
78873-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577089

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

36.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 293
(check only one)

<input 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 checked="" 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. PRICE, JOHN, , ,

Mailing Address 1520 OLD REAGAN WELLS RD

City
LEAKEYState
TXZip Code
78873-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577090

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577145

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. YAW, NELDA, , ,

Mailing Address 632 HUNTERS WAY

City
NEW BRAUNFELSState
TXZip Code
78132-4775FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577125

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

500.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2024

Transaction ID : SA17.577188

Amount of Each Receipt this Period

161.50

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

KATY ISD

BUS DRIVER

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2024

Transaction ID : SA17.577190

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

KATY ISD

BUS DRIVER

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2024

Transaction ID : SA17.577191

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 293
(check only one)

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

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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. LOWRY, DIANE, , ,

Mailing Address 707 LONG AVENUE

City
PORT SAINT JOEState
FLZip Code
32456-1721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024**Transaction ID : SA17.577193**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NEWSOME, HELENE, , ,

Mailing Address 4043 CARLYLE LAKES BLVD

City
PALM HARBORState
FLZip Code
34685-1040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEALTHCAREOccupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024**Transaction ID : SA17.577197**

Amount of Each Receipt this Period

18.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. TAFT, EUGENE, , ,

Mailing Address 19 VALLEY LN W

City
VALLEY STREAMState
NYZip Code
11581-3632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 26 / 2024**Transaction ID : SA17.577195**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

68.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 293
(check only one)

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

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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. TALLEY, RICHARD, , ,

Mailing Address 2777 PARADISE RD

City
LAS VEGASState
NVZip Code
89109-9050FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 26 / 2024

Transaction ID : SA17.577199

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577201

Amount of Each Receipt this Period

2567.79

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. HUMPHRIES, CATHY, , ,

Mailing Address 972 E SEA BISCUIT WAY

City
WASHINGTONState
UTZip Code
84780-3024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577260

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 293
(check only one)

<input 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 checked="" 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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2024

Transaction ID : SA17.577213

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2024

Transaction ID : SA17.577236

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2024

Transaction ID : SA17.577326

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 293
(check only one)

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

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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. LAMPE, BONNIE, , ,

Mailing Address 11041 CORSIA TRIESTE WAY 101

City
BONITA SPRINGSState
FLZip Code
34135-6989FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577311

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MAKOWSKI, BRUCE, , ,

Mailing Address 1302 N. STEPHEN AVE.

City
CLAWSONState
MIZip Code
48017-1279FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577304

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577208

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

36.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 293
(check only one)

<input 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 checked="" 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. POPE, RICHARF, , ,

Mailing Address 31 OCEAN REEF DR.

City
KEY LARGOState
FLZip Code
33037-5282FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577268

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. R, HAROLD, , ,

Mailing Address 3833 LORRAINE RD

City
LARKSPURState
COZip Code
80118-5616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6750.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577287

Amount of Each Receipt this Period

750.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SAUSE, CATHRYN, , ,

Mailing Address 6508 NE BROADWAY

City
PORTLANDState
ORZip Code
97213-4835FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OHSUOccupation (for Individual)
MEDICAL SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577216

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 293
(check only one)

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

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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. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024**Transaction ID : SA17.577296**

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. TEPFENHART, PAUL, , ,

Mailing Address 8112 CASTLEBRIDGE

City
THE COLONYState
TXZip Code
75056-3753FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024**Transaction ID : SA17.577251**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. THOMAS, DENNIS, , ,

Mailing Address 37 SOUTH SIDE COUNTRY E

City
DECATURState
ILZip Code
62521-9126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024**Transaction ID : SA17.577323**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

120.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2024

Transaction ID : SA17.577329

Amount of Each Receipt this Period

211.60

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. BLEVINS, CARL, , ,

Mailing Address 6804 COUNTY ROAD 527

City
BURLESONState
TXZip Code
76028-1304FEC 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 ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2024

Transaction ID : SA17.577331

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. DAVISSON, BONNIE M, , ,

Mailing Address 8641 NE 108 LN

City
BRONSONState
FLZip Code
32621-3326FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2024

Transaction ID : SA17.577341

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 293
(check only one)

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

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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. LAPOLLO, DONNA, , ,

Mailing Address 35 ARDEN ROAD

City
EAST ROCKAWAYState
NYZip Code
11518-2401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577335

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MCGEHEE, RON, , ,

Mailing Address 3225 CHANNING LANE

City
BEDFORDState
TXZip Code
76021-6505FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
PROPERTY TAX CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577338

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MONTGOMERY, RICHARD, , ,

Mailing Address 17903 ECHOBEND LN

City
SPRINGState
TXZip Code
77379-4029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERCHANTS METALSOccupation (for Individual)
CSR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577333

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 293
(check only one)

<input 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 checked="" 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. ROBINETT, RICHARD, , ,

Mailing Address 75 HIGH STREET

City
OAK VIEWState
CAZip Code
93022-9203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WELLS FARGO ADVISORSOccupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577332

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WILLID, JODY, , ,

Mailing Address 13534 WEST PROSPECT DRIVE

City
SUN CITY WESTState
AZZip Code
85375-4109FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 27 / 2024

Transaction ID : SA17.577337

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WHITEHEAD, JAMES, , ,

Mailing Address 6722 CADDIS PLACE

City
HUGHESVILLEState
MDZip Code
20637-2405FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.584859

Amount of Each Receipt this Period

- 6600.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

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

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

- 6555.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577344

Amount of Each Receipt this Period

2903.79

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. AVELAR, ANTHINY, , ,

Mailing Address 205 COURT ST

City
WALNUTState
ILZip Code
61376-1004FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

RSCS

TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577349

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BIXBY, DANIEL, , ,

Mailing Address 18734 E. HWY M

City
STOCKTONState
MOZip Code
65785-9178FEC 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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577360

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

101.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 293
(check only one)

<input 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 checked="" 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. BUCHER, ANITA, , ,

Mailing Address 14521 N ROCK SPRINGS LANE

City
ORO VALLEYState
AZZip Code
85755-6674FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577400

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CLEGG, JOHN, , ,

Mailing Address 215 E 22ND ST

City
MUNCIEState
INZip Code
47302-5139FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577366

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. DRYER, RANDALL, , ,

Mailing Address 3816 TORO CANYON ROAD

City
AUSTINState
TXZip Code
78746-1564FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577359

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 293
(check only one)

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

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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. FIELDS, CONNIE, , ,

Mailing Address 606 E. MEDUSA ST.

City
SYRACUSEState
INZip Code
46567-1606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577433

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. FLOURNOY, BRIAN, , ,

Mailing Address 6003 ARDEN ST

City
SHREVEPORTState
LAZip Code
71106-2301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TYGROccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577463

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GAJEWSKI, TED, , ,

Mailing Address 383 3RD STREET

City
ATLANTIC BEACHState
FLZip Code
32233-5231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577347

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 293
(check only one)

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

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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. GODDARD, MICHAEL, , ,

Mailing Address 56757 CARLYLE DRIVE

City
YUCCA VALLEYState
CAZip Code
92284-4325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MORONGO UNIFIED SCHOOL DISTRICTOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577458

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. HANSON, ROBERT, , ,

Mailing Address 1326 HICKORY CREEK CT

City
WICHITAState
KSZip Code
67235-7000FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ROBERT HANSONOccupation (for Individual)
PROPERTY MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577420

Amount of Each Receipt this Period

36.44

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ILACQUA, BARBARA, , ,

Mailing Address 1026 BENZ AVENUE

City
CINCINNATIState
OHZip Code
45238-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577376

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

161.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 293
(check only one)

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

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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. KAZIMIROFF, MYRA, , ,

Mailing Address 704 WOOD LILY DRIVE

City
BELMONTState
NCZip Code
28012-6542FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2024

Transaction ID : SA17.577490

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KERR, SM, , ,

Mailing Address 3331 N VALENCIA LANE

City
PHOENIXState
AZZip Code
85018-6610FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2024

Transaction ID : SA17.577488

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LAUINGER, ELLEN, , ,

Mailing Address 6 FLYING PT RD

City
SOUTHAMPTONState
NYZip Code
11968-5283FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2024

Transaction ID : SA17.577508

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 293
(check only one)

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

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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. LOVE, DARLENE, , ,

Mailing Address P O BOX 193

City
FOLLETTState
TXZip Code
79034-0193FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577513

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PACK, SHIRLEY, , ,

Mailing Address 1841 OAK GROVE LOOP

City
CHINA SPRINGState
TXZip Code
76633-2630FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577383

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. VAN EPS, DAWN, , ,

Mailing Address 7115 E WARREN DR.

City
DENVERState
COZip Code
80224-2530FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASTERPIECE STAIROccupation (for Individual)
OFFICE ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577429

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 293
(check only one)

<input 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 checked="" 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. WALKER, BYGERALD, , ,

Mailing Address 261 FIRCREST DRIVE

City
SEQUIMState
WAZip Code
98382-8238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2024

Transaction ID : SA17.577416

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WALKER, BYGERALD, , ,

Mailing Address 261 FIRCREST DRIVE

City
SEQUIMState
WAZip Code
98382-8238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2024

Transaction ID : SA17.577417

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2024

Transaction ID : SA17.577514

Amount of Each Receipt this Period

305.50

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 293
(check only one)

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

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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. A ARCHULETA, KYRA, , ,

Mailing Address 4545 YARROW

City
WHEAT RIDGEState
COZip Code
80033-3253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2024

Transaction ID : SA17.577524

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ANDERSON, ETHEL, , ,

Mailing Address 129 HILLCREST DR.

City
PARROTTSVILLEState
TNZip Code
37843-3333FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2024

Transaction ID : SA17.577527

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. DANIELS, JAN, , ,

Mailing Address 5 AVENIDA CASATINO

City
HENDERSONState
NVZip Code
89011-3206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2024

Transaction ID : SA17.577519

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 293
(check only one)

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

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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. HALL, TIM, , ,

Mailing Address 9235 BRUMBELOW ROAD

City
ALPHARETTAState
GAZip Code
30022-5230FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QEMOccupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577521

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. HUGHEY, KENNETH, , ,

Mailing Address P.O. BOX 2011

City
MANHATTAN BEACHState
CAZip Code
90267-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577515

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KIM, S T, , ,

Mailing Address 450E BALDWIN RD #320

City
PALATINEState
ILZip Code
60074-6844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577516

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 293
(check only one)

<input 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 checked="" 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. RACHELSKI, EUGENIUSZ, , ,

Mailing Address 108 ALDEN ST

City
WALLINGTONState
NJZip Code
07057-1434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KONICA MINOLTAOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577517

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. RACHELSKI, EUGENIUSZ, , ,

Mailing Address 108 ALDEN ST

City
WALLINGTONState
NJZip Code
07057-1434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KONICA MINOLTAOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.584880

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

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

C. SMITH, ARTHUR, , ,

Mailing Address 2625 ANNAPOLIS CIRCLE

City
SAN BERNARDINOState
CAZip Code
92408-4132FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577528

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 293
(check only one)

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

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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. TORRES, ASUNCION, , ,

Mailing Address 2700 NW 99TH AVE

City
CORAL SPRINGSState
FLZip Code
33065-4837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2024

Transaction ID : SA17.577520

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577532

Amount of Each Receipt this Period

6796.15

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. ADAMS, PAULINE, , ,

Mailing Address 759 GIRL CAMP RD

City
MILL SPRINGState
NCZip Code
28756-9618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577614

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 293
(check only one)

<input 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 checked="" 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. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577683

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. BAVIRSHA, JAMES, , ,

Mailing Address 3104 LITTLE BIG HORN DRIVE

City
JOLIETState
ILZip Code
60435-0655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577552

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BRANT, JOSEPH, , ,

Mailing Address 719 CRANDON BLVD,

City
KEY BISCAVNEState
FLZip Code
33149-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577732

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 293
(check only one)

<input 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 checked="" 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. COLEMAN, NAT, , ,

Mailing Address 4500 FM 2419

City
PALESTINEState
TXZip Code
75801-0820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577549

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CULBERTSON, LLOYD, , ,

Mailing Address 10705 SW 69 COURT

City
MIAMIState
FLZip Code
33156-3932FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577663

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CURTIN, DINO, , ,

Mailing Address 228 U ST

City
RIO LINDAState
CAZip Code
95673-1337FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577595

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 293
(check only one)

<input 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 checked="" 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. DROUIN, VICTOR, , ,

Mailing Address 352 SEWALL RD

City
WOLFEBOROState
NHZip Code
03894-4110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GREEN MOUNTAIN COMMUNICATIONSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577744**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. FLIPSE, DONN, , ,

Mailing Address 2960 SOLANO AVE

City
HOLLYWOODState
FLZip Code
33024-3788FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577713**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GIESLER, CARL, , ,

Mailing Address 9568 BRIAR FOREST DRIVE

City
HOUSTONState
TXZip Code
77063-1005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577630**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 293
(check only one)

<input 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 checked="" 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. GREER, BETTY, , ,

Mailing Address 10460 SILVER MAPLE AVENUE

City
OXFORDState
FLZip Code
34484-3821FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577574

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. HARRINGTON, MAUREEN, , ,

Mailing Address 10874 FOREST CREEK

City
COLORADO SPRINGSState
COZip Code
80908-7423FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577592

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. HEETER, PEGGY, , ,

Mailing Address 513 CHARLESTON RD

City
SPENCERState
WVZip Code
25276-9231FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577685

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 293
(check only one)

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

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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. HULTMAN, STEVEN, , ,

Mailing Address 14170 GREEN HAVEN LANE

City
GRASS VALLEYState
CAZip Code
95945-8618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577704

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. INGALLS, IRENE, , ,

Mailing Address 897 N 36

City
SEATTLEState
WAZip Code
98103-8806FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
SOUND HEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577567

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. JONES, MARY G, , ,

Mailing Address 7323 SNOWDEN RD. #1108

City
SAN ANTONIOState
TXZip Code
78240-4796FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577695

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 293
(check only one)

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

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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. KINMAN, JANICE, , ,

Mailing Address 3450 HYACINTH STREET

City
EUGENEState
ORZip Code
97404-1563FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577761

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LANARI, JERRY, , ,

Mailing Address 8410 CENTENNIAL DRIVE

City
VIRGINIAState
MNZip Code
55792-4107FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577659

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577760

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 293
(check only one)

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

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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. LIDDELL, ROBERT, , ,

Mailing Address 3402 KARLEIGH WAY

City
RICHMONDState
TXZip Code
77406-2560FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577646

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LIU, BOTAO, , ,

Mailing Address 4320 WINFIELD RD

City
WARRENVILLEState
ILZip Code
60555-4018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEK CHEMICAL CORPOccupation (for Individual)
OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577560

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LOVE, DARLENE, , ,

Mailing Address P O BOX 193

City
FOLLETTState
TXZip Code
79034-0193FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577535

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 293
(check only one)

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

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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. LOVE, DARLENE, , ,

Mailing Address P O BOX 193

City
FOLLETTState
TXZip Code
79034-0193FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577627

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LOVE, DARLENE, , ,

Mailing Address P O BOX 193

City
FOLLETTState
TXZip Code
79034-0193FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.57766

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LUFBURROW, STEPHEN, , ,

Mailing Address 7025 HODGSON MEMORIAL DR., STE H

City
SAVANNAHState
GAZip Code
31406-2568FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577619

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 293
(check only one)

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

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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. MIDDLETON, JAYNE, , ,

Mailing Address 2420 CREEKWOOD DR

City
BATON ROUGEState
LAZip Code
70808-0115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577679

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MILLER, THERESA, , ,

Mailing Address 2524CO RD58

City
KANSASState
OHZip Code
44841-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577604

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577764

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 293
(check only one)

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

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577765

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577767

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2024

Transaction ID : SA17.577768

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

9.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 293
(check only one)

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

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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. PALAZA, MADELEINE, , ,

Mailing Address 69KING ST.

City
STOUGHTONState
MAZip Code
02072-FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577733

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577742

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SAFFELSCHWIEN, MARY, , ,

Mailing Address 36257 E CO 11 AND HALF ST

City
WELLTONState
AZZip Code
85356-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UALOccupation (for Individual)
RETIRED FLIGHT ATT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577557

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 293
(check only one)

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

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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. SCHEMITSCH, ERNEST, , ,

Mailing Address 176 UNION STREET

City
BROOKLYNState
NYZip Code
11231-3085FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577658**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SEIBERT, MARTIN, , ,

Mailing Address H-887 CO. RD. 17

City
HOLGATEState
OHZip Code
43527-9793FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UPSOccupation (for Individual)
SCANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577635**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. THOMAS, ELIAS, , ,

Mailing Address 920 SHAPLEIGH CORNER ROAD

City
SHAPLEIGHState
MEZip Code
04076-3606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EXIT KEY REAL ESTATEOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577711**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 293
(check only one)

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

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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. THOMPSON, MARK, , ,

Mailing Address 200 SPRINGWOOD DR.

City
AIKENState
SCZip Code
29803-5895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COLDWELL BANKEROccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577572

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577770

Amount of Each Receipt this Period

259.01

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. CORMIER, WILLIAM, , ,

Mailing Address 1025 MAIN STREET

City
LEOMINSTERState
MAZip Code
01453-1909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577779

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 293
(check only one)

<input 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 checked="" 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. EMERSON, GAIL, , ,

Mailing Address 17564 NW 138TH AVENUE

City
ALACHUAState
FLZip Code
32615-5202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577781

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. GREEN, RONALD, , ,

Mailing Address N12285 TAYLOR LAKE ROAD

City
MINONGState
WIZip Code
54859-9119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577782

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LANKFORD, KEITH, , ,

Mailing Address 5309 REVERE ROAD

City
DURHAMState
NCZip Code
27713-2540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WAKECOUNTYOccupation (for Individual)
PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577774

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 293
(check only one)

<input 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 checked="" 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. LEONARD, ANNE, , ,

Mailing Address 13202 HUNTERS SPRING

City
SAN ANTONIOState
TXZip Code
78230-2862FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AHAOccupation (for Individual)
SMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577773**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MEROLA, KAREN, , ,

Mailing Address 8615 MARIA COURT

City
HOWELLState
MIZip Code
48855-6301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STC INTERNATIONALOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577783**

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. TINKER, BRUCE, , ,

Mailing Address 1155 MARKS COURT

City
DINUBAState
CAZip Code
93618-3172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2024**Transaction ID : SA17.577775**

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 293
(check only one)

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

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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. WINKLEBLACK, SUE, , ,

Mailing Address 509 SAINT FRANCIS ROAD

City
EUFAULAState
ALZip Code
36027-9524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2024

Transaction ID : SA17.577771

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577786

Amount of Each Receipt this Period

8214.57

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577814

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 293
(check only one)

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

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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. BERNDSEN, JOSEPH, , ,

Mailing Address 1156 HARRINGTON PLACE

City
DUPONTState
WAZip Code
98327-9767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MSY CONSTRUCTIONOccupation (for Individual)
SUPERINTENDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2024

Transaction ID : SA17.577803

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CLEMENT, LARRY, , ,

Mailing Address 1756 ABERDEEN COURT

City
PALM HARBORState
FLZip Code
34684-2337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2024

Transaction ID : SA17.577943

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CLEMENT, LARRY, , ,

Mailing Address 1756 ABERDEEN COURT

City
PALM HARBORState
FLZip Code
34684-2337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2024

Transaction ID : SA17.577987

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 293
(check only one)

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

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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. CONWAY, KELLI, , ,

Mailing Address 6360 ROTHERBY CIRCLE

City
HUDSONState
OHZip Code
44236-4916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578057

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CULBERTSON, LLOYD, , ,

Mailing Address 10705 SW 69 COURT

City
MIAMIState
FLZip Code
33156-3932FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577821

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577898

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 293
(check only one)

<input 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 checked="" 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. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577972

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577973

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577975

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 293
(check only one)

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

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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. FOWLER, JOE, , ,

Mailing Address 6206 BERMUDA DUNES

City
HOUSTONState
TXZip Code
77069-1310FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578036

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. GARRISON, KENNETH, , ,

Mailing Address 846 YAVAPAI HILLS DR.

City
PRESCOTTState
AZZip Code
86301-5793FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GUARDIAN FLIGHT LLCOccupation (for Individual)
MEDEVAC PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577983

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GOWENS, WAYNE, , ,

Mailing Address 36278 WEST SHAW AVE

City
FIREBAUGHState
CAZip Code
93622-9508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577981

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 293
(check only one)

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

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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. HAHEN, PATRICIA, , ,

Mailing Address 1020 WEST BAY AVENUE

City
NEWPORT BEACHState
CAZip Code
92661-1015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTEGR8Occupation (for Individual)
EXEC MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577970

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ILACQUA, BARBARA, , ,

Mailing Address 1026 BENZ AVENUE

City
CINCINNATIState
OHZip Code
45238-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.10

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577991

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. JOHNSON, JAMES, , ,

Mailing Address 14761 W ASHCROFT DR

City
GOODYEARState
AZZip Code
85395-8961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577896

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 293
(check only one)

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

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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, RETHA, , ,

Mailing Address 1411 DEEP CUT RD

City
ERINState
TNZip Code
37061-6843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577960

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. JONES, MARY G, , ,

Mailing Address 7323 SNOWDEN RD. #1108

City

SAN ANTONIO

State

TX

Zip Code

78240-4796

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578023

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. JONES, RON, , ,

Mailing Address 830 WEST SAVANNA COURT

City

DUNLAP

State

IL

Zip Code

61525-9646

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577802

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 293
(check only one)

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

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578045

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578046

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. METZGER, AGNES, , ,

Mailing Address 888 PARK AVENUE

City
NEW YORKState
NYZip Code
10075-0235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578050

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 293
(check only one)

<input 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 checked="" 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. OBERLENDER, JANICE, , ,

Mailing Address 5533 PRESTWICK LANE

City
DALLASState
TXZip Code
75252-4978FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577907

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. OBERLENDER, JANICE, , ,

Mailing Address 5533 PRESTWICK LANE

City
DALLASState
TXZip Code
75252-4978FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577908

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PARKS, JENNIE, , ,

Mailing Address 386 W TROXELL RD

City
OAK HARBORState
WAZip Code
98277-7909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

397.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578010

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 293
(check only one)

<input 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 checked="" 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. POWELL, GEORGE, , ,

Mailing Address 4718 HALLMARK DR #1001

City
HOUSTONState
TXZip Code
77056-3913FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024**Transaction ID : SA17.577834**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. QUATROKE, BARBARA, , ,

Mailing Address 5320 GALLEY WAY

City
OXFORDState
FLZip Code
34484-3800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024**Transaction ID : SA17.577927**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ROBINSON, JIM, , ,

Mailing Address 388 CANNONBALL LN

City
INLET BEACHState
FLZip Code
32461-8584FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BRAIN EXPERT PCOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024**Transaction ID : SA17.578003**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 293
(check only one)

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

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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. SAACKS, ANTOINE, , ,

Mailing Address 4001 TOLMAS DRIVE

City
METAIRIEState
LAZip Code
70002-1850FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2024

Transaction ID : SA17.577924

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SCAMAN, WARREN, , ,

Mailing Address 920 JEREMY LN

City
LIBERTYVILLEState
ILZip Code
60048-1847FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TAVAS LLCOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2024

Transaction ID : SA17.578004

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. STAWITZ, WILLIAM, , ,

Mailing Address 2963 MERIDIAN WAY

City
MECHANICSBURGState
PAZip Code
17055-6885FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2024

Transaction ID : SA17.577818

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 293
(check only one)

<input 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 checked="" 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. THOMPSON, KEVIN, , ,

Mailing Address 28666 OREGON ROAD

City
PERRYSBURG TWPState
OHZip Code
43551-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PLYGEM WINDOWSOccupation (for Individual)
SASH CLEANER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578039

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. VALENTI, DOMINICK, , ,

Mailing Address 2527 PLATINUM CHASE DRIVE

City
ROSHARONState
TXZip Code
77583-3276FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577935

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. VEAZEY, BUTCH, , ,

Mailing Address 156 N. SEIR HIL ROAD

City
NORWALKState
CTZip Code
06850-1323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
VIDEOGRAPHER-EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577891

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 293
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. VEAZEY, BUTCH, , ,

Mailing Address 156 N. SEIR HIL ROAD

City
NORWALKState
CTZip Code
06850-1323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
VIDEOGRAPHER-EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.584725

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

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

B. WHITE, DIANA, , ,

Mailing Address 7928 FIREFLY DR

City
FORT WORTHState
TXZip Code
76137-1224FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.577895

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. YUE, CALVIN, , ,

Mailing Address 2940 W 19TH AVE

City
EUGENEState
ORZip Code
97405-1302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DICKY JOSOccupation (for Individual)
COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578066

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 293
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024**Transaction ID : SA17.578073**

Amount of Each Receipt this Period

472.50

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. BORZI, SALVATORE, , ,

Mailing Address 102 JULIET STREET

City
TEAGUEState
TXZip Code
75860-4069FEC 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024**Transaction ID : SA17.578078**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BROWN, PATRICIA, , ,

Mailing Address 1106 FLOYD AVE

City
RICHMONDState
VAZip Code
23220-4823FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

VCU

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024**Transaction ID : SA17.578081**

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

55.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 293
(check only one)

<input 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 checked="" 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. DICK, JUDY, , ,

Mailing Address 5786 LAZY ACRES TRAIL

City
PINSONState
ALZip Code
35126-3004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BIRMINGHAM PUBLIC LIBRARYOccupation (for Individual)
LIBRARIAN ASST. III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578079

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LARSEN, LAWRENCE, , ,

Mailing Address 4331 GREEN TREE DRIVE

City
SACRAMENTOState
CAZip Code
95823-1978FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS RIOS COLLEGE DISTRICTOccupation (for Individual)
ADJUNCT FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578090

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MARSH, ALANA, , ,

Mailing Address 4275 PANORAMIC VIEW DRIVE

City
MARYVILLEState
TNZip Code
37804-3982FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578089

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 293
(check only one)

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

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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. ORDWAY, CHRIS, , ,

Mailing Address 292 ISLAND CREEK DR.

City
VERO BEACHState
FLZip Code
32963-3303FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578088

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PETERSON, ROBERT, , ,

Mailing Address 4000 SOUTH 56TH STREET

City
LINCOLNState
NEZip Code
68506-5160FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578092

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PRAY, DEAN, , ,

Mailing Address 13914 WEST PENNYSTONE DRIVE

City
SUN CITY WESTState
AZZip Code
85375-5234FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578076

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 293
(check only one)

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

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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. QUINN, CHARLES, , ,

Mailing Address 179 JALYN RAE COURT

City
LAS VEGASState
NVZip Code
89183-4129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578086

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLEState
WAZip Code
98077-7600FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578080

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. YOUNGER, ROBERT, , ,

Mailing Address 1720 GUNBARREL ROAD

City
CHATTANOOGAState
TNZip Code
37421-4144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GALEN MDEICALOccupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2024

Transaction ID : SA17.578082

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 293
(check only one)

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

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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. DICK, JUDY, , ,

Mailing Address 5786 LAZY ACRES TRAIL

City
PINSONState
ALZip Code
35126-3004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BIRMINGHAM PUBLIC LIBRARYOccupation (for Individual)
LIBRARIAN ASST. III

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
12 / 01 / 2024

Transaction ID : SA17.584881

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

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

B. VANDER VORSTE, CRAIG, , ,

Mailing Address 12370 EAST 37TH STREET

City
YUMAState
AZZip Code
85367-5900FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
12 / 01 / 2024

Transaction ID : SA17.584882

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578093

Amount of Each Receipt this Period

3878.21

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

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

- 50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 293
(check only one)

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

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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. ALFAISAL, FAHD, , ,

Mailing Address 9424 CHEROKEE

City
BEVERLY HILLSState
CAZip Code
90210-1704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		01		2024

Transaction ID : SA17.578114

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ALFAISAL, FAHD, , ,

Mailing Address 9424 CHEROKEE

City
BEVERLY HILLSState
CAZip Code
90210-1704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1302.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		01		2024

Transaction ID : SA17.578154

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		01		2024

Transaction ID : SA17.578209

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 293
(check only one)

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

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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. CHEN, JAMES, , ,

Mailing Address 2735 GEORGETOWN BOULEVARD

City
ANN ARBORState
MIZip Code
48105-1551FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHEN INVESTMENT GROUPOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578156

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. COHEN, DAN, , ,

Mailing Address 2600 NETHERLAND AVE APT 1716

City
BRONXState
NYZip Code
10463-0992FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578204

Amount of Each Receipt this Period

2.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. HARJU, REY M, , ,

Mailing Address 109 BOCA DE LA PLAYA

City
SAN CLEMENTEState
CAZip Code
92672-4986FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578196

Amount of Each Receipt this Period

131.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

158.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 293
(check only one)

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

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578241

Amount of Each Receipt this Period

50.10

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. STAWITZ, WILLIAM, , ,

Mailing Address 2963 MERIDIAN WAY

City
MECHANICSBURGState
PAZip Code
17055-6885FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

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
12 / 01 / 2024

Transaction ID : SA17.578167

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578242

Amount of Each Receipt this Period

125.10

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 293
(check only one)

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

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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. BARKEY, DIANNE, , ,

Mailing Address 114 FRITILLARY COURT

City
LAKE FREDERICKState
VAZip Code
22630-1901FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578250

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. BRYANT, MARK, , ,

Mailing Address 105 BAYBERRY COURT

City
SHALLOTTEState
NCZip Code
28470-4417FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GPM INVESTMENT, LLCOccupation (for Individual)
SALES ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578244

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SMITH, DOUGLAS, , ,

Mailing Address 337 RILYN DRIVE

City
WEST PALM BEACHState
FLZip Code
33405-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DA SMITH CONSTRUCTION LLCOccupation (for Individual)
GC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578246

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 293
(check only one)

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

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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. STOLL, SANDRA, , ,

Mailing Address 110CR 3694

City
SPRINGTOWNState
TXZip Code
76082-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2024

Transaction ID : SA17.578243

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578253

Amount of Each Receipt this Period

1798.21

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. BAUGHMAN, SHERRY L, , ,

Mailing Address 294 MUSTANG CT.

City
IMPERIALState
CAZip Code
92251-2086FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578259

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 293
(check only one)

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

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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. DAPHNIS, PETER, , ,

Mailing Address 80-15 164 PLACE

City
HILLCRESTState
NYZip Code
11432-1228FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PERKINELMER US LLCOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578309

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. DEATRICK, STEPHANIE, , ,

Mailing Address 3392 MARDAN DRIVE

City
ADRIANState
MIZip Code
49221-1028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578269

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GARDNER, DONNA, , ,

Mailing Address 931 RADNOR RD.

City
WILMINGTONState
NCZip Code
28409-4948FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NET RECYCLINGOccupation (for Individual)
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

213.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578302

Amount of Each Receipt this Period

17.76

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

143.79

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 293
(check only one)

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

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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. GEHEIG, DOUGLAS, , ,

Mailing Address 6129 E MYRTLE BAY DE

City
LAKE CHARLESState
LAZip Code
70605-3151FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578338

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KENT, RUTH, , ,

Mailing Address P.O. BOX 1154

City
SANTA CLARAState
CAZip Code
95052-1154FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578345

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LOVE, DARLENE, , ,

Mailing Address P O BOX 193

City
FOLLETTState
TXZip Code
79034-0193FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578284

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 293
(check only one)

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

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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. LOVE, DARLENE, , ,

Mailing Address P O BOX 193

City
FOLLETTState
TXZip Code
79034-0193FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578285

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MCGROARTY, DEBORAH, , ,

Mailing Address 7108 HILLGREEN DRIVE

City
DALLASState
TXZip Code
75214-1932FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578332

Amount of Each Receipt this Period

17.76

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578359

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

45.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 293
(check only one)

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

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578360

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578361

Amount of Each Receipt this Period

2.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. RATLIFF, ALAN, , ,

Mailing Address P.O. BOX 2722

City
FRISCOState
TXZip Code
75034-0051FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

338.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578286

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 293

(check only one)

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

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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. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578264

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SOLOMONS, BERNARD, , ,

Mailing Address 43287 BAYHILL DRIVE

City
ROMULUSState
MIZip Code
48174-FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578277

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. STEPANEK, MARY, , ,

Mailing Address 505 BRAEMAR CREEK

City
WILLIAMSBURGState
VAZip Code
23188-1482FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SMGOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578354

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578362

Amount of Each Receipt this Period

241.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. BARR, CARLA, , ,

Mailing Address P.O. BOX 745

City
RUNNING SPRINGSState
CAZip Code
92382-0745FEC 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 ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578363

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BARR, CARLA, , ,

Mailing Address P.O. BOX 745

City
RUNNING SPRINGSState
CAZip Code
92382-0745FEC 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 ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578364

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 293
(check only one)

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

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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. DAVIDHEISER, BEVERLY, , ,

Mailing Address 1693 N SANATOGA RD

City
POTTSTOWNState
PAZip Code
19464-2225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE REAL ESTATE PROFESSIONALS INCOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578366

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. GOSHORN, NEUMON, , ,

Mailing Address 6565 MAY HOLLOW COVE

City
MEMPHISState
TNZip Code
38119-6638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578373

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MOSS, MARSHALL, , ,

Mailing Address 1025 NORTHEAST 172ND TERRACE

City
MIAMIState
FLZip Code
33162-2639FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2024

Transaction ID : SA17.578371

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 293
(check only one)

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

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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. NELSON, WAYDE, , ,

Mailing Address 1245 EMERALDPORT ST

City
CORONAState
CAZip Code
92881-0967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578369

Amount of Each Receipt this Period

60.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. OBOYLE, JAN, , ,

Mailing Address 2007 CHATHAM

City
DALTONState
GAZip Code
30720-7113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NONEOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2024

Transaction ID : SA17.578368

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578725

Amount of Each Receipt this Period

2317.92

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 293
(check only one)

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

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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. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578736

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578738

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578791

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 293
(check only one)

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

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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. BAUMLER, BRETT, , ,

Mailing Address 14439 W 93RD LANE

City
SAINT JOHNState
INZip Code
46373-9198FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578792

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CHEN, JAMES, , ,

Mailing Address 2735 GEORGETOWN BOULEVARD

City
ANN ARBORState
MIZip Code
48105-1551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHEN INVESTMENT GROUPOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578771

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CHOW, ADRIAN, , ,

Mailing Address 2005 KINGS RD

City
CARROLLTONState
TXZip Code
75007-3111FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578779

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 293
(check only one)

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

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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. CURTIN, DINO, , ,

Mailing Address 228 U ST

City
RIO LINDAState
CAZip Code
95673-1337FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578735

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ERICKSEN, MARK, , ,

Mailing Address 4107 DOGWOOD DR

City
NORMANState
OKZip Code
73026-5507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ERICKSEN ELECTRIC LLCOccupation (for Individual)
ELECTRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578753

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. JONES, MARY G, , ,

Mailing Address 7323 SNOWDEN RD. #1108

City
SAN ANTONIOState
TXZip Code
78240-4796FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578807

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

205.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 293
(check only one)

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

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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. KROUSE, GEORGE, , ,

Mailing Address 26041 MANDEVILLA DRIVE

City
BONITA SPRINGSState
FLZip Code
34134-1630FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578786

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LUDWIG, CAROLYN, , ,

Mailing Address 5104 AUBURNDALE AVE

City
COLLEYVILLEState
TXZip Code
76034-5199FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578759

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LUGO, LEE, , ,

Mailing Address 3624 CAMPSTONE DRIVE

City
PLANOState
TXZip Code
75023-1011FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1240.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578755

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

350.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 293
(check only one)

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

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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. O., ELEANOR, , ,

Mailing Address 202 LA JARA BLVD

City
SAN ANTONIOState
TXZip Code
78209-4444FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024**Transaction ID : SA17.578731**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PALAZA, MADELEINE, , ,

Mailing Address 69KING ST.

City
STOUGHTONState
MAZip Code
02072-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024**Transaction ID : SA17.578739**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. RAYBORN, KENNETH, , ,

Mailing Address 507 KYLE LANE NW

City
CLEVELANDState
TNZip Code
37312-6439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2024**Transaction ID : SA17.578754**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 293
(check only one)

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

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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. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578745

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. STEINKRAUS, EDWARD, , ,

Mailing Address 291 BROOKSIDE RD

City
DARIENState
CTZip Code
06820-2302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMPRESS AMBULANCEOccupation (for Individual)
PARAMEDIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578806

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578811

Amount of Each Receipt this Period

532.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 293
(check only one)

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

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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. BYRD, FAREL, , ,

Mailing Address 986 SUGAR LANE

City
COLLIERVILLEState
TNZip Code
38017-8645FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578813

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. EMILSON, CARL. G, , ,

Mailing Address 435 SE KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578819

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GIOMI, RICHARD, , ,

Mailing Address 3376 KIRK RD

City
SAN JOSEState
CAZip Code
95124-3218FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578824

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 293
(check only one)

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

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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. HUBBART, NANCY, , ,

Mailing Address 3095 KEY HARBOUR DRIVE

City
LAKE SAINT LOUISState
MOZip Code
63367-2097FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578822

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KLEIN, MICHAEL, , ,

Mailing Address 5220 KLEE MILL ROAD SOUTH

City
OWINGS MILLSState
MDZip Code
21784-9257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHARLES A KLEINOccupation (for Individual)
MECHANICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578825

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LIKES, ROBERT, , ,

Mailing Address 3184 RESERVOIR DRIVE

City
SIMI VALLEYState
CAZip Code
93065-1014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2024

Transaction ID : SA17.578818

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 293
(check only one)

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

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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. STRANDBERG, ERIC, , ,

Mailing Address 231 COLUMBIA STREET

City
OMAKState
WAZip Code
98841-9625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
MANUFACTURING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578814

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. TONG, CORRINE, , ,

Mailing Address 14926 IRON HORSE WAY

City
HELOTESState
TXZip Code
78023-4592FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578828

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. VIDAS, ALANNA, , ,

Mailing Address 926 TALIA WAY

City
CHINO VALLEYState
AZZip Code
86323-5374FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2024

Transaction ID : SA17.578812

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 92 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578835

Amount of Each Receipt this Period

1438.18

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. BEUTTENMULLER, ERHARD, , ,

Mailing Address 3425 S ATLANTIC AVE

City
DAYTONA BEACHState
FLZip Code
32118-6355FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578918

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KATSIGIANIS, TED, , ,

Mailing Address 457 CROWFIELDS DRIVE

City
ASHEVILLEState
NCZip Code
28803-3282FEC 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 ▼

288.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578890

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

103.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 293
(check only one)

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

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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. KATSIGIANIS, TED, , ,

Mailing Address 457 CROWFIELDS DRIVE

City
ASHEVILLEState
NCZip Code
28803-3282FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578891

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KATSIGIANIS, TED, , ,

Mailing Address 457 CROWFIELDS DRIVE

City
ASHEVILLEState
NCZip Code
28803-3282FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578892

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. TYNIS, FRANK, , ,

Mailing Address 11393 VESELY LANE

City
GLEN ALLENState
VAZip Code
23059-1049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TYLO EQUIPMENT CO INCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578902

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

141.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 293
(check only one)

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

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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. YANCEY, JO ANN, , ,

Mailing Address 14170 F M 2854 ROAD

City
CONROEState
TXZip Code
77304-4430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578883

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578921

Amount of Each Receipt this Period

125.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KATY ISDOccupation (for Individual)
BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578927

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 293
(check only one)

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

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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. MAKHANIAN, ANNA LEE, , ,

Mailing Address 840 MISTY ISLE DRIVE

City
GLENDALEState
CAZip Code
91207-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578922

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MCLAUGHLIN, LINDA, , ,

Mailing Address 701 COUNTY ROAD 307

City
DURANGOState
COZip Code
81303-8113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2024

Transaction ID : SA17.578924

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : SA17.578928

Amount of Each Receipt this Period

1314.42

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 293
(check only one)

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

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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. CURTIS, JOANNE, , ,

Mailing Address 7451 W FOOTHILL DR

City
GLENDALEState
AZZip Code
85310-5826FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : SA17.578951

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CURTIS, JOANNE, , ,

Mailing Address 7451 W FOOTHILL DR

City
GLENDALEState
AZZip Code
85310-5826FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : SA17.578954

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CURTIS, JOANNE, , ,

Mailing Address 7451 W FOOTHILL DR

City
GLENDALEState
AZZip Code
85310-5826FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2024

Transaction ID : SA17.578955

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 293
(check only one)

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

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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. DRY, KATHLEEN, , ,

Mailing Address 6899 LOCKRIDGE DRIVE

City
ATLANTAState
GAZip Code
30360-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.578978

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MENDOZA, MARIA LUISA, , ,

Mailing Address 35054 CARDIFF STREET

City
NEWARKState
CAZip Code
94560-1318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.578941

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. OSWALT, ROD, , ,

Mailing Address 8235 CATALPA DR.

City
CITRUS HEIGHTSState
CAZip Code
95610-1503FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.578957

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 293
(check only one)

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

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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. PALAZA, MADELEINE, , ,

Mailing Address 69KING ST.

City
STOUGHTONState
MAZip Code
02072-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.578973

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.578931

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.578932

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.579012

Amount of Each Receipt this Period

233.50

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. CALASCIONE, PATRICIA, , ,

Mailing Address 46 BAY 20 STREET

City
BROOKLYNState
NYZip Code
11214-3802FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

CITY PRO GROUP, INC

EDUCATOR

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.579020

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. HANNES, JOHANNE, , ,

Mailing Address 979 YUCATAN COURT

City
FREMONTState
CAZip Code
94539-7137FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.579016

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

35.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 293
(check only one)

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

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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. RIDENOUR, DOUGLAS, , ,

Mailing Address 429 N DOUGLAS DR.

City
BIRCH TREEState
MOZip Code
65438-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MHC KENWORTHOccupation (for Individual)
OUTSIDE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.579014

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. RIEPE, MARY, , ,

Mailing Address 6515 PARKDALE COURT

City
DAVENPORTState
IAZip Code
52807-3350FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.579018

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ROSE, JUDAH, , ,

Mailing Address 2812 R STREET NW

City
WASHINGTONState
DCZip Code
20007-2918FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2024

Transaction ID : SA17.579017

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024**Transaction ID : SA17.579021**

Amount of Each Receipt this Period

425.74

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. HARRISON, MYRON, , ,

Mailing Address POBOX 4144, VENTURA

City
CHINCOTEAGUEState
CAZip Code
93007-0144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRISON INDOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024**Transaction ID : SA17.579067**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. HUGHES, MICHAEL, , ,

Mailing Address 2885 YARBOROUGH

City
OLANTAState
SCZip Code
29114-9522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FRANCIS MARION UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024**Transaction ID : SA17.579047**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

101.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 293
(check only one)

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

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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. KELLY, ERNEST, , ,

Mailing Address 219 ANGELUS

City
MEMPHISState
TNZip Code
38112-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA17.579036

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA17.579064

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA17.579065

Amount of Each Receipt this Period

3.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

58.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 293
(check only one)

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

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2024

Transaction ID : SA17.579066

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. YANCEY, JO ANN, , ,

Mailing Address 14170 F M 2854 ROAD

City
CONROEState
TXZip Code
77304-4430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2024

Transaction ID : SA17.579032

Amount of Each Receipt this Period

0.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2024

Transaction ID : SA17.579070

Amount of Each Receipt this Period

136.20

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 293
(check only one)

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

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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. BRUNETTO, MARYLOU, , ,

Mailing Address 111 BURTON STREET

City
JOHNSTOWNState
NYZip Code
12095-2026FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2024

Transaction ID : SA17.579078

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. HAWKINS, SHARON, , ,

Mailing Address 12219 OLD COLONY DRIVE

City
UPPER MARLBOROState
MDZip Code
20772-5028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2024

Transaction ID : SA17.579075

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KOZIAL, ELIZABETH, , ,

Mailing Address 4604 CRELLMAN WAY

City
KANNAPOLISState
NCZip Code
28081-7523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2024

Transaction ID : SA17.579072

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 293
(check only one)

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

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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. OVERSTREET, PATSY A, , ,

Mailing Address 58079 DOW TRAIL

City
HANNIBALState
MOZip Code
63401-7698FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA17.579076

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. OVERSTREET, PATSY A, , ,

Mailing Address 58079 DOW TRAIL

City
HANNIBALState
MOZip Code
63401-7698FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2024

Transaction ID : SA17.579077

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579079

Amount of Each Receipt this Period

400.39

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 293
(check only one)

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

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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. CASSEL, PAUL, , ,

Mailing Address 2805 GREEN PORT DR.

City
HERNANDOState
MSZip Code
38632-7276FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579084

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. EGER, RICHARD, , ,

Mailing Address 212 WASHINGTON AVE

City
TOWSONState
MDZip Code
21204-4700FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579102

Amount of Each Receipt this Period

0.21

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KELLY, ERNEST, , ,

Mailing Address 219 ANGELUS

City
MEMPHISState
TNZip Code
38112-5201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579112

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

100.21

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 293
(check only one)

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

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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. OBRIEN, JOHN, , ,

Mailing Address P.O.BOX 1644, 104 NOB DR.

City
RUIDOSOState
NMZip Code
88355-1644FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579104

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. OROSCO, PHILIP, , ,

Mailing Address 7732 TRANQUIL TRAIL

City
BRENTWOODState
TNZip Code
37027-1444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LKQ CORPORATIONOccupation (for Individual)
FLEET DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579090

Amount of Each Receipt this Period

17.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WILGUS, JAMES, , ,

Mailing Address 1601 S UNION AVE,#501

City
TACOMAState
WAZip Code
98405-2079FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579080

Amount of Each Receipt this Period

17.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2024

Transaction ID : SA17.579138

Amount of Each Receipt this Period

226.50

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. CROKE, JAMES, , ,

Mailing Address 13 HIAWATHA ROAD

City
HARWICH PORTState
MAZip Code
02646-2109FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2024

Transaction ID : SA17.579142

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. DRIVER, M, , ,

Mailing Address 1002 CAMPANILE

City
SAN ANTONIOState
TXZip Code
78258-3137FEC 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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2024

Transaction ID : SA17.579146

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 293
(check only one)

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

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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. ESPOSITO, LUIGI, , ,

Mailing Address 2449 ROSSETT STREET

City
FORT LEEState
NJZip Code
07024-3919FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579143

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. GEORGIS, MARLINE, , ,

Mailing Address 580 ARASTRADERO RD, APT 405

City
PALO ALTOState
CAZip Code
94306-3946FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579149

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KIM, S T, , ,

Mailing Address 450E BALDWIN RD #320

City
PALATINEState
ILZip Code
60074-6844FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579140

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 293
(check only one)

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

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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. MEDCALF, JACK, , ,

Mailing Address 201 S LEE ST

City
VALLEY VIEWState
TXZip Code
76272-5407FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579144

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PECORA, SANDRA, , ,

Mailing Address 5801 AUSTER ROAD

City
WAKEMANState
OHZip Code
44889-9710FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579148

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SEIFERT, LEWIS, , ,

Mailing Address 1541 BRUMLEY ROAD

City
CHULUOTAState
FLZip Code
32766-9012FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2024

Transaction ID : SA17.579145

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2024**Transaction ID : SA17.579150**

Amount of Each Receipt this Period

209.93

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. GUIZLO, CELIA, , ,

Mailing Address 1840 EAST LAUREL HOLLOW LANE

City
GERMANTOWNState
TNZip Code
38139-6958FEC 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2024**Transaction ID : SA17.579152**

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC 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 ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2024**Transaction ID : SA17.579182**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2024

Transaction ID : SA17.579185

Amount of Each Receipt this Period

175.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. DRUMM, BURT, , ,

Mailing Address 1088 MEADOW BROOK DRIVE

City
WOODSTOCKState
GAZip Code
30188-6564FEC 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 ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2024

Transaction ID : SA17.579189

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GRECO, JOAN, , ,

Mailing Address 65-1230 HAWAII BELT ROAD

City
KAMUELAState
HIZip Code
96743-FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

SELF

Occupation (for Individual)

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2024

Transaction ID : SA17.579191

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 293
(check only one)

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

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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. HEUERTZ, RICHARD, , ,

Mailing Address 15735 BLUE MOUND RD

City
VALLEY FALLSState
KSZip Code
66088-5084FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2024

Transaction ID : SA17.579192

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LAFAVE, BETTY, , ,

Mailing Address 4767 GLASIER RD.

City
ONAWAYState
MIZip Code
49765-9344FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2024

Transaction ID : SA17.579193

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. RAUB, THOMAS, , ,

Mailing Address 525 NORTH GILBERT STREET

City
ANAHEIMState
CAZip Code
92801-5034FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MOBIFARM LPOccupation (for Individual)
ASSISTANCE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2024

Transaction ID : SA17.579187

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 293
(check only one)

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

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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. UECKERT, SUSAN, , ,

Mailing Address 7908 NORTH 281ST AVENUE

City
VALLEYState
NEZip Code
68064-8027FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VISAOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2024

Transaction ID : SA17.579188

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579197

Amount of Each Receipt this Period

420.62

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. CURTIN, DINO, , ,

Mailing Address 228 U ST

City
RIO LINDAState
CAZip Code
95673-1337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579318

Amount of Each Receipt this Period

0.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

25.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 293
(check only one)

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

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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. EMILSON, CARL. G., ,

Mailing Address 435 SE KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF. PSSIOccupation (for Individual)
IMPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2372.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579286

Amount of Each Receipt this Period

1.65

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. FITCH, JANE, , ,

Mailing Address 60 NEW HOPE CT.

City
BLUE EYEState
MOZip Code
65611-4501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579219

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MENDOZA, MARIA LUISA, , ,

Mailing Address 35054 CARDIFF STREET

City
NEWARKState
CAZip Code
94560-1318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

424.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579199

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

27.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 293

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

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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. OBRIEN, JOHN, , ,

Mailing Address P.O.BOX 1644, 104 NOB DR.

City
RUIDOSOState
NMZip Code
88355-1644FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579222

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. RICHARDSON, ARLENE, , ,

Mailing Address 215 CAVE ORCHARD ROAD

City
ERINState
TNZip Code
37061-5396FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEWART COUNTY BOARD OF EDUCATIONOccupation (for Individual)
SCHOOL COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.26

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579218

Amount of Each Receipt this Period

24.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579353

Amount of Each Receipt this Period

50.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

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

74.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 293
(check only one)

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

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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. HEROLD, CHARLES, , ,

Mailing Address 10400 THOMAS AVE S

City
BLOOMINGTONState
MNZip Code
55431-3318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2024

Transaction ID : SA17.579356

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579360

Amount of Each Receipt this Period

522.25

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. DIERLAM, MARK, , ,

Mailing Address 7737 LAKERIDGE LOOP

City
MONTGOMERYState
ALZip Code
36117-7423FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

286.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579374

Amount of Each Receipt this Period

80.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 293
(check only one)

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

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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. DIERLAM, MARK, , ,

Mailing Address 7737 LAKERIDGE LOOP

City
MONTGOMERYState
ALZip Code
36117-7423FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
SELFOccupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : SA17.579375

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. GODSEY, JOANNE, , ,

Mailing Address 2333 COUNTY ROAD 61

City
HOUSTONState
ALZip Code
35572-2021FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
CIGNAOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : SA17.579370

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. GOSHORN, NEUMON, , ,

Mailing Address 6565 MAY HOLLOW COVE

City
MEMPHISState
TNZip Code
38119-6638FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
SELFOccupation (for Individual)
PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2024

Transaction ID : SA17.579381

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 293
(check only one)

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

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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. GRIFFIN, RICHARD, , ,

Mailing Address 3457 CHIPMAN ROAD

City
EASTONState
PAZip Code
18045-3024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MINTEQ INTERNATIONALOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579393

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579368

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MILLER JR, ERNEST, , ,

Mailing Address 2807-17 AVENUE

City
VIENNAState
WVZip Code
26105-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579377

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

136.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2024**Transaction ID : SA17.579436**

Amount of Each Receipt this Period

213.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. HYMOWITZ, VICTOR, , ,

Mailing Address 2000 NORTH GRAMERCY PLACE

City
LOS ANGELESState
CAZip Code
90068-3617FEC 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2024**Transaction ID : SA17.579438**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LAFAVE, BETTY, , ,

Mailing Address 4767 GLASIER RD.

City
ONAWAYState
MIZip Code
49765-9344FEC 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 ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2024**Transaction ID : SA17.579444**

Amount of Each Receipt this Period

18.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

118.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 293
(check only one)

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

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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. NEWSOME, HELENE, , ,

Mailing Address 4043 CARLYLE LAKES BLVD

City
PALM HARBORState
FLZip Code
34685-1040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEALTHCAREOccupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579445

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLEState
WAZip Code
98077-7600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579437

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WRIGHT, RURHELEN, , ,

Mailing Address 5740 SERENITY HAVEN ST

City
NORTH LAS VEGASState
NVZip Code
89081-5237FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2024

Transaction ID : SA17.579443

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2024

Transaction ID : SA17.579447

Amount of Each Receipt this Period

429.13

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2024

Transaction ID : SA17.579488

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2024

Transaction ID : SA17.579489

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

260.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 293
(check only one)

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

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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. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA17.579465

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SILLARS, LINDA, , ,

Mailing Address 35STOCKMAN AVE

City
SACOState
MEZip Code
04072-FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA17.579491

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SPANFELLNER, GLORIA, , ,

Mailing Address 4004 PERU WEST SECTION LINE ROAD

City
MONROEVILLEState
OHZip Code
44847-9740FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.60

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA17.579485

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

10.10

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024**Transaction ID : SA17.579492**

Amount of Each Receipt this Period

122.09

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. GRABER, LORI, , ,

Mailing Address 16139 MOUNTAIN BLUEBIRD WAY

City
MORRISONState
COZip Code
80465-2156FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024**Transaction ID : SA17.579498**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KOZIAL, ELIZABETH, , ,

Mailing Address 4604 CRELLMAN WAY

City
KANNAPOLISState
NCZip Code
28081-7523FEC 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 ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2024**Transaction ID : SA17.579494**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 125 OF 293
(check only one)

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

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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. MANNING, BETTY, , ,

Mailing Address 5430OLIVET RD

City
GEORGETOWNState
ILZip Code
61846-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA17.579495

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. STRANBERG, WALLACE, , ,

Mailing Address 16010 S. SR27

City
ROCKFORDState
WAZip Code
99030-9705FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2024

Transaction ID : SA17.579500

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579501

Amount of Each Receipt this Period

459.91

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 293
(check only one)

<input 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 checked="" 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. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579546

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MCKINNON, BOBBY, , ,

Mailing Address 2435 BAYMEADOWS DR W

City
DOUGLASState
GAZip Code
31535-6543FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579532

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City
MOORESVILLEState
NCZip Code
28117-5407FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1022.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579541

Amount of Each Receipt this Period

1.49

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

116.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 293
(check only one)

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

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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. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579513

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579552

Amount of Each Receipt this Period

182.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. BYRNE, DAVID, , ,

Mailing Address 18131 LANGLOIS ROAD

City
DESERT HOT SPRINGSState
CAZip Code
92241-8398FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579557

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 293
(check only one)

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

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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. DYER, STEPHEN, , ,

Mailing Address P.O. BOX 399

City
SARATOGAState
WYZip Code
82331-0399FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2024

Transaction ID : SA17.579558

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. EARL, DEBRA, , ,

Mailing Address 23 GRANDVIEW BOULEVARD

City
MILLER PLACEState
NYZip Code
11764-1615FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2024

Transaction ID : SA17.579554

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MCHENRY, BARBARA JEAN, , ,

Mailing Address 312 ANITA AVENUE

City
KELLERState
TXZip Code
76248-2437FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2024

Transaction ID : SA17.579559

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 293
(check only one)

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

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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. WHITE, PAUL, , ,

Mailing Address 370 CARL CREEK TRAIL. NW

City
KENNESAWState
GAZip Code
30152-5732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
AIRCRAFT MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2024

Transaction ID : SA17.579556

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.579560

Amount of Each Receipt this Period

381.35

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. BIALACH, STANLEY, , ,

Mailing Address 10044 PARTRIDGE AVE

City
LAKEState
MIZip Code
48632-9003FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

373.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.579570

Amount of Each Receipt this Period

6.13

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

56.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 130 OF 293
(check only one)

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

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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. CROWTHER, MARY, , ,

Mailing Address 8431 BRIAR LANE

City
PRAIRIE VILLAGEState
KSZip Code
66207-1746FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.579596

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KOCHER, CARL, , ,

Mailing Address 256 LAKE ASBURY DRIVE

City
GREEN COVE SPRINGSState
FLZip Code
32043-9547FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.579575

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.579602

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 293
(check only one)

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

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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. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.579603

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.579593

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.579594

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 293
(check only one)

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

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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. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.579597

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PRIVIN, STEFAN, , ,

Mailing Address 124 POUCH TERRACE

City
STATEN ISLANDState
NYZip Code
10305-2728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHELLI BUSHOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.579581

Amount of Each Receipt this Period

17.68

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SCHELL, RICHARD, , ,

Mailing Address 9587 SUNSUP LANE

City
DURHAMState
CAZip Code
95938-9304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.579573

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

77.68

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 293
(check only one)

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

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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. STOTTS, DONNA, , ,

Mailing Address 12831 BARRETT LN

City
SANTA ANAState
CAZip Code
92705-6327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.579576

Amount of Each Receipt this Period

100.30

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.580560

Amount of Each Receipt this Period

200.10

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. COWARD, MICHAEL, , ,

Mailing Address 1988 KELVIN DRIVE

City
LAWRENCEVILLEState
GAZip Code
30043-3154FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CISCO SYSTEMSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2024

Transaction ID : SA17.580565

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

100.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 134 OF 293
(check only one)

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

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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. HUMBERT, CHARLENE, , ,

Mailing Address 84741 WINESAP

City
MILTON FREEWATERState
ORZip Code
97862-7359FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.580567

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MILLER, MICHEL, , ,

Mailing Address 123 EEDT MAIN STREET

City
BARRINGTONState
ILZip Code
60010-FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
SELFOccupation (for Individual)
JEWELER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.580563

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2024

Transaction ID : SA17.580564

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 135 OF 293
(check only one)

<input 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 checked="" type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2024

Transaction ID : SA17.580569

Amount of Each Receipt this Period

378.01

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. LESLIE, KEN, , ,

Mailing Address 15229 S. CATALINA DRIVE

City
ORLAND PARKState
ILZip Code
60462-4390FEC 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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2024

Transaction ID : SA17.580590

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC 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 ▼

576.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2024

Transaction ID : SA17.580578

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 293
(check only one)

<input 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 checked="" 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. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2024

Transaction ID : SA17.580579

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2024

Transaction ID : SA17.580587

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2024

Transaction ID : SA17.580604

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 293

(check only one)

<input 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 checked="" 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. MCLENDON, MARGARET, , ,

Mailing Address POB 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2024

Transaction ID : SA17.580595

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SHAIN, JOHN, , ,

Mailing Address 679 POLK VALLEY RD

City
STROUDSBURGState
PAZip Code
18360-9591FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2024

Transaction ID : SA17.580582

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2024

Transaction ID : SA17.580607

Amount of Each Receipt this Period

133.31

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

71.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 293
(check only one)

<input 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 checked="" 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. KEANE, BILL, , ,

Mailing Address 13567 ZINNIA HILLS PL

City
SAN DIEGOState
CAZip Code
92130-5756FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BILL KEANEOccupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2024

Transaction ID : SA17.580614

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MOSCA, MARLENE, , ,

Mailing Address 27 WEST MURIEL AVENUE

City
LONG BEACH TOWNSHIState
NJZip Code
08008-3328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2024

Transaction ID : SA17.580617

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. NUCHERENO, LYNNE, , ,

Mailing Address 3541 WEST MUIRFIELD DRIVE

City
MERIDIANState
IDZip Code
83646-4163FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAKEVIEW GOLF COURSEOccupation (for Individual)
BARTENDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2024

Transaction ID : SA17.580618

Amount of Each Receipt this Period

18.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

113.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2024

Transaction ID : SA17.580619

Amount of Each Receipt this Period

1005.64

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. A, JOSE, , ,

Mailing Address 2345 SW 2ND TERRACE

City
MIAMIState
FLZip Code
33135-1508FEC 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 ▼

1050.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2024

Transaction ID : SA17.580663

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ALLRED, REDIA, , ,

Mailing Address 24 CHRISTY LANE

City
JAMESTOWNState
TNZip Code
38556-5302FEC 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 ▼

650.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2024

Transaction ID : SA17.580644

Amount of Each Receipt this Period

0.01

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

100.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 293
(check only one)

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

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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. ALLRED, REDIA, , ,

Mailing Address 24 CHRISTY LANE

City
JAMESTOWNState
TNZip Code
38556-5302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580645

Amount of Each Receipt this Period

0.01

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CAVATAIO, MICHAEL, , ,

Mailing Address 6641 AUDUBON TRCE WEST

City
WEST PALM BEACHState
FLZip Code
33412-3003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TERRA CREEK LLCOccupation (for Individual)
REALESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580641

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. DEATRICK, STEPHANIE, , ,

Mailing Address 3392 MARDAN DRIVE

City
ADRIANState
MIZip Code
49221-1028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580621

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

75.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 293
(check only one)

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

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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. JAMES, JERRY, , ,

Mailing Address 409-42 AVE.

City
GREELEYState
COZip Code
80634-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O-IOccupation (for Individual)
MOLD TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580620

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KOLKER, SANDRINE, , ,

Mailing Address 778 TOZZETTI LN

City
HENDERSONState
NVZip Code
89012-7223FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580662

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580630

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 293
(check only one)

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

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580631

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580632

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LUDWIG, CAROLYN, , ,

Mailing Address 5104 AUBURNDALE AVE

City
COLLEYVILLEState
TXZip Code
76034-5199FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580627

Amount of Each Receipt this Period

0.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

35.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 293
(check only one)

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

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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. LUDWIG, CAROLYN, , ,

Mailing Address 5104 AUBURNDALE AVE

City
COLLEYVILLEState
TXZip Code
76034-5199FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580656

Amount of Each Receipt this Period

0.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. OBERLENDER, JSNICE, , ,

Mailing Address 5533 PRESTWICK LN

City
DALLASState
TXZip Code
75252-4978FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580665

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. RATLIFF, ALAN, , ,

Mailing Address P.O. BOX 2722

City
FRISCOState
TXZip Code
75034-0051FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

338.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580669

Amount of Each Receipt this Period

3.24

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

503.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 144 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580671

Amount of Each Receipt this Period

336.01

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. ELLIS, CHARLES, , ,

Mailing Address 2620 BLUEBERRY DRIVE

City
AUGUSTAState
GAZip Code
30906-3697FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580672

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. FORR, R. THOMAS, , ,

Mailing Address 2715 3RD ST.

City
ALTOONAState
PAZip Code
16601-3622FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

SELF

LAW

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024

Transaction ID : SA17.580673

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 293
(check only one)

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

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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. SONS, GARY, , ,

Mailing Address 3492 EAST CHURCH

City
FRESNOState
CAZip Code
93725-1393FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BRANDON GARRETTOccupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2024

Transaction ID : SA17.580681

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. STAPLETON, DWIGHT, , ,

Mailing Address 5937 CHESTER LANE

City
MARYVILLEState
TNZip Code
37801-2001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KCUDOccupation (for Individual)
OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2024

Transaction ID : SA17.580682

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WEBBER, JIM, , ,

Mailing Address 4208 BRIARGROVE LANE

City
DALLASState
TXZip Code
75287-6603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STRYKEROccupation (for Individual)
SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2024

Transaction ID : SA17.580675

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

220.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 293
(check only one)

<input 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 checked="" 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. WEISS, HOWARD, , ,

Mailing Address 1101 IROQUOUS AVE APT 1120

City
NAPERVILLEState
ILZip Code
60563-9371FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ESSER HAYESOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2024**Transaction ID : SA17.580679**

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ALTRIA CLIENT SERVICES LLCMailing Address 101 CONSTITUTION AVENUE NW
SUITE 400 WESTCity
WASHINGTONState
DCZip Code
20001-2133FEC 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 ▼

2757500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2024**Transaction ID : SA17.580725**

Amount of Each Receipt this Period

250000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2024**Transaction ID : SA17.580683**

Amount of Each Receipt this Period

148.36

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250040.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 293
(check only one)

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

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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. PERRY, LARRY, , ,

Mailing Address 440 CANNON LANE

City
HIGHLAND VILLAGEState
TXZip Code
75077-7142FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : SA17.580708

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : SA17.580684

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTEState
TXZip Code
77531-3413FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

896.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2024

Transaction ID : SA17.580687

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580709

Amount of Each Receipt this Period

456.11

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. BACH, MICHAEL, , ,

Mailing Address 452 EAST SILVERADO RANCH BLVD

City
LAS VEGASState
NVZip Code
89183-6210FEC 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 ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580712

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BERRY, MARILYN, , ,

Mailing Address 40242 E LOUISIANA DR.

City
BENNETTState
COZip Code
80102-8436FEC 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 ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580717

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

175.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 149 OF 293
(check only one)

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

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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. BERRY, MARILYN, , ,

Mailing Address 40242 E LOUISIANA DR.

City
BENNETTState
COZip Code
80102-8436FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580722

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PAMERLEAU, SUSAN, , ,

Mailing Address 230 DWYER AVE, #1102

City
SAN ANTONIOState
TXZip Code
78204-1038FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
US DEPT OF JUSTICEOccupation (for Individual)
LAW ENFORCEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580719

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ROBERTS, AMY, , ,

Mailing Address 10030 LEDGE STONE DRIVE

City
MC GREGORState
TXZip Code
76657-4167FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
JEFF HUNTER TOYOTAOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580720

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 293
(check only one)

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

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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. SEIFERT, MARK W, , ,

Mailing Address 18025 FAIRMOUNT ROAD

City
TONGANOXIEState
KSZip Code
66086-4237FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SEIFERTS FLOORING INCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580718

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. SMITH, ADELINE, , ,

Mailing Address 2313 SHOSHONE DR.

City
BISHOPState
CAZip Code
93514-8048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580723

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTEState
TXZip Code
77531-3413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

896.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2024

Transaction ID : SA17.580713

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 151 OF 293
(check only one)

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

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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. ECHO CANYON CONSULTING, LLC

Mailing Address 3700 DUKE ST

City
ALEXANDRIAState
VAZip Code
22304FEC 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 ▼

22639.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.2203

Amount of Each Receipt this Period

22639.36

☐ Memo Item

CANVASSING REFUND

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580726

Amount of Each Receipt this Period

191.14

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. HRUZA, VIRGINIA, , ,

Mailing Address 1 WALKING DIAMOND DR

City
PRESCOTTState
AZZip Code
86301-6160FEC 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 ▼

297.86

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580727

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

22649.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 293
(check only one)

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

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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. HRUZA, VIRGINIA, , ,

Mailing Address 1 WALKING DIAMOND DR

City
PRESCOTTState
AZZip Code
86301-6160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2024

Transaction ID : SA17.580728

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. HRUZA, VIRGINIA, , ,

Mailing Address 1 WALKING DIAMOND DR

City
PRESCOTTState
AZZip Code
86301-6160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2024

Transaction ID : SA17.580729

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. HRUZA, VIRGINIA, , ,

Mailing Address 1 WALKING DIAMOND DR

City
PRESCOTTState
AZZip Code
86301-6160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2024

Transaction ID : SA17.580730

Amount of Each Receipt this Period

7.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

47.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 293
(check only one)

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

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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. HRUZA, VIRGINIA, , ,

Mailing Address 1 WALKING DIAMOND DR

City
PRESCOTTState
AZZip Code
86301-6160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.86

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580731

Amount of Each Receipt this Period

10.41

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580768

Amount of Each Receipt this Period

3.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580769

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

28.91

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 154 OF 293
(check only one)

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

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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. PALAZA, MADELEINE, , ,

Mailing Address 69KING ST.

City
STOUGHTONState
MAZip Code
02072-FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580752

Amount of Each Receipt this Period

0.15

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580737

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580744

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

5.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 155 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2024

Transaction ID : SA17.580770

Amount of Each Receipt this Period

256.13

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. ANGELILLO, GARY, , ,

Mailing Address 148 EARL STREET

City
WESTBURYState
NYZip Code
11590-2945FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2024

Transaction ID : SA17.580789

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BARON, EMMA, , ,

Mailing Address 24537 2ND STREET

City
HAYWARDState
CAZip Code
94541-6801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOSPICEEASTBAYOccupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2024

Transaction ID : SA17.580790

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 156 OF 293
(check only one)

<input 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 checked="" type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. BIALACH, STANLEY, , ,

Mailing Address 10044 PARTRIDGE AVE

City
LAKEState
MIZip Code
48632-9003FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580778

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. BRUENING, CARL, , ,

Mailing Address 103 CARRICK AVENUE

City
MADISONState
MSZip Code
39110-6547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SASCOOccupation (for Individual)
ELECTRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580776

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PRINCE, EVIE, , ,

Mailing Address 150 W. SEVEN OAKS DR.

City
GREENVILLEState
SCZip Code
29605-3148FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580784

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 293
(check only one)

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

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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. SCHMELZER, MELANIE, , ,

Mailing Address 3814 E SONGBIRD LN

City
SAN ANTONIOState
TXZip Code
78229-2604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580791

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. TANNER, CARLTON, , ,

Mailing Address 3125MISTY OAK DR.

City
LEWISVILLEState
TXZip Code
75077-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2024

Transaction ID : SA17.580780

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580793

Amount of Each Receipt this Period

320.36

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 293
(check only one)

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

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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. BURGESS, KENNETH, , ,

Mailing Address 6535 WENONGA

City
PRAIRIE VILLAGEState
KSZip Code
66208-1725FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580833

Amount of Each Receipt this Period

196.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580835

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. RODRIGUEZ, NELSON, , ,

Mailing Address 100 ROOSEVELT AVENUE APTB4

City
CARTERETState
NJZip Code
07008-3429FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

241.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580827

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

221.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580836

Amount of Each Receipt this Period

431.81

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. BOLDMAN, MIKE, , ,

Mailing Address 5603 FOXWOOD DR., APT. C

City
OAK PARKState
CAZip Code
91377-3980FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580851

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CLARK, NANCY, , ,

Mailing Address 2831 NE BREEZEWAY CIR

City
JENSEN BEACHState
FLZip Code
34957-5725FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580848

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

55.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 293
(check only one)

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

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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. GASHENKO, LUDA, , ,

Mailing Address 5401 OLD SEWARD HIGHWAY

City
ANCHORAGEState
AKZip Code
99518-1458FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CLIPPERSHIPOccupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580840

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. KLEIN, MICHAEL, , ,

Mailing Address 5220 KLEE MILL ROAD SOUTH

City
OWINGS MILLSState
MDZip Code
21784-9257FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHARLES A KLEINOccupation (for Individual)
MECHANICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580845

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PRINCE, EVIE, , ,

Mailing Address 150 W. SEVEN OAKS DR.

City
GREENVILLEState
SCZip Code
29605-3148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580846

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 161 OF 293
(check only one)

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

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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. SHER, GEOFFREY, , ,

Mailing Address 9101 ALTA DRIVE

City
LAS VEGASState
NVZip Code
89145-8564FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SHER FERTILITY SOLUTIONSOccupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2024

Transaction ID : SA17.580847

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580854

Amount of Each Receipt this Period

309.05

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. HOBBS, TERRY, , ,

Mailing Address 17883 FRONT BEACH ROAD

City
PANAMA CITY BEACHState
FLZip Code
32413-1926FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOBBS ASSOCOccupation (for Individual)
CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

465.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580905

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 293
(check only one)

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

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580909

Amount of Each Receipt this Period

3.12

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580911

Amount of Each Receipt this Period

3.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580912

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

21.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 163 OF 293
(check only one)

<input 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 checked="" type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. MAYFIELD, JESS, L., ,

Mailing Address 520 RIDGEMONT AVE

City
SAN ANTONIOState
TXZip Code
78209-2841FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580922

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ROBERTS, DAN, , ,

Mailing Address 3404 BUNCH RD

City
ANDERSONState
MOZip Code
64831-9198FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.580897

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2024

Transaction ID : SA17.581079

Amount of Each Receipt this Period

138.63

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

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

21.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 293

(check only one)

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

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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. HUNTLEY, LYLE, , ,

Mailing Address 1591 HEMLOCK AVE

City
ANDERSONState
CAZip Code
96007-4016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2024

Transaction ID : SA17.581082

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. JONES, KEITH, , ,

Mailing Address 8060 HOWARD P ANDERSON ROAD

City
NATHALIEState
VAZip Code
24577-2950FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2024

Transaction ID : SA17.581092

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KIM, S T, , ,

Mailing Address 450E BALDWIN RD #320

City
PALATINEState
ILZip Code
60074-6844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2024

Transaction ID : SA17.581081

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 293
(check only one)

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

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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. ZINTER, BARBARA, , ,

Mailing Address 57701 G00SEBERRY RD.

City
IONEState
ORZip Code
97843-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2024**Transaction ID : SA17.581094**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581095**

Amount of Each Receipt this Period

238.70

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

C. DE VANEY, LYNN, , ,

Mailing Address 822 SHADY GLEN

City

MARTINEZ

State

CA

Zip Code

94553-4010

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

592.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581117**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 293
(check only one)

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

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2024

Transaction ID : SA17.581137

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2024

Transaction ID : SA17.581138

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. LETCHAYAH, CHRISTOPHER, , ,

Mailing Address 2401 MILL HEIGHTS DRIVE

City
HERNDONState
VAZip Code
20171-2983FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2024

Transaction ID : SA17.581135

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 293
(check only one)

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

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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. MAY, CARL, , ,

Mailing Address PO BOX 31552

City
FORT GREELYState
AKZip Code
99731-1552FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHROP GRUMMAN CORPOccupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		20		2024

Transaction ID : SA17.581123

Amount of Each Receipt this Period

2.98

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MILLER, THERESA, , ,

Mailing Address 2524CO RD58

City
KANSASState
OHZip Code
44841-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		20		2024

Transaction ID : SA17.581133

Amount of Each Receipt this Period

5.95

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		20		2024

Transaction ID : SA17.581098

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

33.93

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 168 OF 293
(check only one)

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

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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. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581099**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581112**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. SPENCE, KATHRYN, , ,

Mailing Address 1301 LARYN LANE

City
LEXINGTONState
SCZip Code
29072-8288FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581136**

Amount of Each Receipt this Period

2.98

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

52.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 169 OF 293
(check only one)

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

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581139**

Amount of Each Receipt this Period

255.61

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

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

B. ADAM, MARIAM, , ,

Mailing Address 4416 EAST BLUEWATER CIRCLE

City
ANAHEIMState
CAZip Code
92807-2829FEC 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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581147**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BARTMAN, RICHARD, , ,

Mailing Address 1429 CEDAR CREST

City
BARNHARTState
MOZip Code
63012-1302FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581151**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 293
(check only one)

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

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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. BORZI, SALVATORE, , ,

Mailing Address 102 JULIET STREET

City
TEAGUEState
TXZip Code
75860-4069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581140**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. GRUNOW, JOHN, , ,

Mailing Address 24 DOCKSIDE LNE #459

City
KEY LARGOState
FLZip Code
33037-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581152**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. ISEMINGER, DAWN, , ,

Mailing Address 2117 WYNNEWOOD DRIVE

City
VALPARAISOState
INZip Code
46385-2826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2024**Transaction ID : SA17.581149**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 171 OF 293
(check only one)

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

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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. JACKSON JR., JAMES, , ,

Mailing Address 4431GARFIELD

City
SAINT LOUISState
MOZip Code
63113-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2024

Transaction ID : SA17.581148

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City
MOORESVILLEState
NCZip Code
28117-5407FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1022.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2024

Transaction ID : SA17.581143

Amount of Each Receipt this Period

1.20

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581155

Amount of Each Receipt this Period

586.30

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 293
(check only one)

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

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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. BOEVE, JERRY, , ,

Mailing Address 4974 146TH AVE

City
HOLLANDState
MIZip Code
49423-FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581158

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. BURKEBUR, DON, , ,

Mailing Address 3169 MARY AVE

City
COLUMBUSState
OHZip Code
43204-1734FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581219

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. BURKEBUR, DON, , ,

Mailing Address 3169 MARY AVE

City
COLUMBUSState
OHZip Code
43204-1734FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581220

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 173 OF 293
(check only one)

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

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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. BURKEBUR, DON, , ,

Mailing Address 3169 MARY AVE

City
COLUMBUSState
OHZip Code
43204-1734FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581221

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. CHEN, JAMES, , ,

Mailing Address 2735 GEORGETOWN BOULEVARD

City
ANN ARBORState
MIZip Code
48105-1551FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHEN INVESTMENT GROUPOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581212

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. CROWTHER, MARY, , ,

Mailing Address 8431 BRIAR LANE

City
PRAIRIE VILLAGEState
KSZip Code
66207-1746FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581184

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 293
(check only one)

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

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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. CROWTHER, MARY, , ,

Mailing Address 8431 BRIAR LANE

City
PRAIRIE VILLAGEState
KSZip Code
66207-1746FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581186

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. HACKETT, PATRICK, , ,

Mailing Address 11467 COUCH MILL ROAD

City
KNOXVILLEState
TNZip Code
37931-2908FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581228

Amount of Each Receipt this Period

17.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. KUMM, DEANN, , ,

Mailing Address 68501 POPLAR RD,

City
WALKERTONState
INZip Code
46574-9059FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KUMM VETERINARY SERVICESOccupation (for Individual)
VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581233

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

67.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 293
(check only one)

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

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2024

Transaction ID : SA17.581253

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2024

Transaction ID : SA17.581163

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2024

Transaction ID : SA17.581164

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 293
(check only one)

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

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581165**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581166**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581239**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 293
(check only one)

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

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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. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581241

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. RUMPH, ROBERT, , ,

Mailing Address 2065 POMPAO DR.

City
MURRELLS INLETState
SCZip Code
29576-5539FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581210

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2024

Transaction ID : SA17.581255

Amount of Each Receipt this Period

265.62

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 293
(check only one)

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

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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. JOUBERT, CHRISTIANE, , ,

Mailing Address 72960 FRED WARING DR., #6

City
PALM DESERTState
CAZip Code
92260-2897FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EISENHOWER HEALTHOccupation (for Individual)
FUNDRAISING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581269**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. LUDWIG, CAROLYN, , ,

Mailing Address 5104 AUBURNDALE AVE

City
COLLEYVILLEState
TXZip Code
76034-5199FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581268**

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. MANFRE, MARC, , ,

Mailing Address 28372 LA FALDA

City
LAGUNA NIGUELState
CAZip Code
92677-4408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581265**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 293
(check only one)

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

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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. PECORA, SANDRA, , ,

Mailing Address 5801 AUSTER ROAD

City
WAKEMANState
OHZip Code
44889-9710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581256**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. PESCE, LOUIS, , ,

Mailing Address 1307 HICKORY DR.

City
LONGWOODState
FLZip Code
32779-5844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581259**

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROUTON, LARRY, , ,

Mailing Address 1114 SHERFIELD RIDGE DRIVE

City
KATYState
TXZip Code
77450-4228FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TUBULAR STEEL, INCOccupation (for Individual)
ACCOUNT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2024**Transaction ID : SA17.581262**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2024

Transaction ID : SA17.581273

Amount of Each Receipt this Period

308.65

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARKLEY, JUDITH, , ,

Mailing Address 125 SHELDON RD

City
BEREAState
OHZip Code
44017-1122FEC 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 ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2024

Transaction ID : SA17.581293

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC 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 ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2024

Transaction ID : SA17.581309

Amount of Each Receipt this Period

3.12

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

38.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		22		2024

Transaction ID : SA17.581310

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		22		2024

Transaction ID : SA17.581312

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		22		2024

Transaction ID : SA17.581325

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. PINCHES, CYNTHIA, , ,

Mailing Address 16 BUNKER HILL ROAD

City
NEW BRITAINState
CTZip Code
06053-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2024

Transaction ID : SA17.581285

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2024

Transaction ID : SA17.581327

Amount of Each Receipt this Period

448.05

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANLEITNER, MAUREEN AND JOHN, , ,

Mailing Address 1088 NORTH 100 EAST

City
CHESTERTONState
INZip Code
46304-9336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2024

Transaction ID : SA17.581343

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 183 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. BAYLESS, CAROLYN, , ,

Mailing Address 1541 MONCREY AVE.

City
LEAGUE CITYState
TXZip Code
77573-2078FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581335**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JUREN, JOEL, , ,

Mailing Address 10510 SEDGEBROOK DR.

City
RIVERVIEWState
FLZip Code
33569-8700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581328**

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIM, S T, , ,

Mailing Address 450E BALDWIN RD #320

City
PALATINEState
ILZip Code
60074-6844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581336**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. MCFILLIN, JAMES, , ,

Mailing Address 45483 BRAUNY ST

City
GREAT MILLSState
MDZip Code
20634-2441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DELEX SYSTEMSOccupation (for Individual)
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581330**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHULL, GREGORY, , ,

Mailing Address 301 WILHELM

City
ANTWERPState
OHZip Code
45813-9776FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581341**

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITLEY, MARK, , ,

Mailing Address 1709 SHERBURNE DR.

City
KELLERState
TXZip Code
76262-8906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHISHOLM ENERGYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581338**

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. WOODCOCK, WARREN, , ,

Mailing Address 8036 C.R. 313 EAST #2

City
TYLERState
TXZip Code
75706-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WARREN WOODCOCKOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581339**

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581333**

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024**Transaction ID : SA17.581334**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. ZERN, JOHN, , ,

Mailing Address 9742 SPRINGMONT DR.

City
HOUSTONState
TXZip Code
77080-1240FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2024

Transaction ID : SA17.581337

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.584660

Amount of Each Receipt this Period

- 20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.584661

Amount of Each Receipt this Period

- 40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 187 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.584662

Amount of Each Receipt this Period

- 10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.584663

Amount of Each Receipt this Period

- 10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.584664

Amount of Each Receipt this Period

- 10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.584665

Amount of Each Receipt this Period

- 10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.584667

Amount of Each Receipt this Period

- 3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.581345

Amount of Each Receipt this Period

189.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 13.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. GARTHWAIT, STANLEY, , ,

Mailing Address 15421 DEER PATH DRIVE

City
BROOKSVILLEState
FLZip Code
34604-0609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.581371

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.581396

Amount of Each Receipt this Period

262.61

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAUWALDER, NANCY, , ,

Mailing Address 6005 COUNTY ROAD 77

City
MILLERSBURGState
OHZip Code
44654-9136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.581403

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 190 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. GRABER, LORI, , ,

Mailing Address 16139 MOUNTAIN BLUEBIRD WAY

City
MORRISONState
COZip Code
80465-2156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581406

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROTE, ADRIENNE, , ,

Mailing Address 116 CENTENNIAL ST

City

SANTA CRUZ

State

CA

Zip Code

95060-6502

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581408

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROTE, ADRIENNE, , ,

Mailing Address 116 CENTENNIAL ST

City

SANTA CRUZ

State

CA

Zip Code

95060-6502

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581409

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 191 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANNES, JOHANNE, , ,

Mailing Address 979 YUCATAN COURT

City
FREMONTState
CAZip Code
94539-7137FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581397

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINES, JAMES, , ,

Mailing Address 3400 WICKERSHAM DR.

City
FLOWER MOUNDState
TXZip Code
75022-6714FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
SELFOccupation (for Individual)
ADJUSTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581418

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONARD, ANNE, , ,

Mailing Address 13202 HUNTERS SPRING

City
SAN ANTONIOState
TXZip Code
78230-2862FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
AHAOccupation (for Individual)
SMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581417

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 192 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City
MOORESVILLEState
NCZip Code
28117-5407FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581404

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STANLEY, ERLA, , ,

Mailing Address 7282 NORTH GERALDINE AVENUE

City
FRESNOState
CAZip Code
93711-7100FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581411

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTEState
TXZip Code
77531-3413FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : SA17.581398

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 193 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. WHITE, OHLAND, , ,

Mailing Address 1706 E. KYLE ROAD

City
CLUTEState
TXZip Code
77531-3413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2024

Transaction ID : SA17.581416

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581419

Amount of Each Receipt this Period

563.52

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIUDICI, DAVID, , ,

Mailing Address PO BOX 34023

City
LAS VEGASState
NVZip Code
89133-4023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581440

Amount of Each Receipt this Period

2.98

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 194 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. HUBBARD, BARBARA, , ,

Mailing Address P.O. BOX 1736

City
LAS CRUCESState
NMZip Code
88004-1736FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581444

Amount of Each Receipt this Period

1.49

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581487

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581488

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 195 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581489

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581490

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581491

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 196 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581492

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581493

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581494

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 197 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581495

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581496

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581497

Amount of Each Receipt this Period

7.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 198 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581498

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581499

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

429.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581500

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 199 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. KANDT, ALICIA, , ,

Mailing Address 2224 S CLAY LN

City
WICHITAState
KSZip Code
67207-6320FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581501

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City

LAKE OSWEGO

State

OR

Zip Code

97034-6153

FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581485

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMPE, BONNIE, , ,

Mailing Address 11041 CORSIA TRIESTE WAY 101

City

BONITA SPRINGS

State

FL

Zip Code

34135-6989

FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2024

Transaction ID : SA17.581467

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LUDWIG, CAROLYN, , ,

Mailing Address 5104 AUBURNDALE AVE

City
COLLEYVILLEState
TXZip Code
76034-5199FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581422

Amount of Each Receipt this Period

0.35

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581457

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581462

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 201 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. RODRIGUEZ, NELSON, , ,

Mailing Address 100 ROOSEVELT AVENUE APTB4

City
CARTERETState
NJZip Code
07008-3429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581484

Amount of Each Receipt this Period

0.10

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STOTTS, DONNA, , ,

Mailing Address 12831 BARRETT LN

City
SANTA ANAState
CAZip Code
92705-6327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581438

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581502

Amount of Each Receipt this Period

162.00

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. BASKIN, DIAN, , ,

Mailing Address 665 TRICKHAMBRIDGE ROAD

City
BRANDONState
MSZip Code
39042-9225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581505

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVANS, TOM, , ,

Mailing Address 1011 GROVE DRIVE

City
TULAREState
CAZip Code
93274-1996FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581506

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAUSER, MARY JUDE, , ,

Mailing Address 104 STETTLER DRIVE

City
CLAIRTONState
PAZip Code
15025-3148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2024

Transaction ID : SA17.581514

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 203 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. MEREDITH, RANDY, , ,

Mailing Address 266 BULLFINCH ROAD

City
MOORESVILLEState
NCZip Code
28117-5407FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1022.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024**Transaction ID : SA17.581513**

Amount of Each Receipt this Period

1.80

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MULAR, KATHLEEN, , ,

Mailing Address 8215 BUNTON ROAD

City
WILLISState
MIZip Code
48191-9501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PARKWAY SERVICESOccupation (for Individual)
TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2024**Transaction ID : SA17.581512**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2024**Transaction ID : SA17.581517**

Amount of Each Receipt this Period

211.41

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. HUMPHRIES, CATHY, , ,

Mailing Address 972 E SEA BISCUIT WAY

City
WASHINGTONState
UTZip Code
84780-3024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2024

Transaction ID : SA17.581527

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2024

Transaction ID : SA17.581589

Amount of Each Receipt this Period

298.65

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADDOCK, DAVID, , ,

Mailing Address 37 ANTELOPE TRAIL

City
KERRVILLEState
TXZip Code
78028-6500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 25 / 2024

Transaction ID : SA17.581597

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 205 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. GIBSON PENKA, NANCY, , ,

Mailing Address 108 BRYAN ST

City
PLAINVIEWState
TXZip Code
79072-8912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2024

Transaction ID : SA17.581590

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENWOOD, LEAH, , ,

Mailing Address 1029 EAST WOODLAND LANE

City
GLENDORAState
CAZip Code
91741-3669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2024

Transaction ID : SA17.581603

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIM, S T, , ,

Mailing Address 450E BALDWIN RD #320

City
PALATINEState
ILZip Code
60074-6844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2024

Transaction ID : SA17.581594

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 206 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. STOLL, SANDRA, , ,

Mailing Address 110CR 3694

City
SPRINGTOWNState
TXZip Code
76082-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2024

Transaction ID : SA17.581596

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STOLL, SANDRA, , ,

Mailing Address 110CR 3694

City
SPRINGTOWNState
TXZip Code
76082-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2024

Transaction ID : SA17.581600

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, WILLIAM, , ,

Mailing Address 3420 BLACKBURN ST

City
DALLASState
TXZip Code
75219-4434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2024

Transaction ID : SA17.581605

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 207 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581606

Amount of Each Receipt this Period

1810.40

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, JAMES, , ,

Mailing Address 2735 GEORGETOWN BOULEVARD

City
ANN ARBORState
MIZip Code
48105-1551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHEN INVESTMENT GROUPOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581661

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CURTIN, DINO, , ,

Mailing Address 228 U ST

City
RIO LINDAState
CAZip Code
95673-1337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581630

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

0.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. FREEMAN, CHRIS, , ,

Mailing Address 16221 FOSTER STREET

City
OVERLAND PARKState
KSZip Code
66085-8418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024**Transaction ID : SA17.581635**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024**Transaction ID : SA17.581628**

Amount of Each Receipt this Period

2.60

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024**Transaction ID : SA17.581687**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1007.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 209 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581688

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581691

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581692

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 210 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581693

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581694

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581667

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 211 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. PRICE, JOHN, , ,

Mailing Address 1520 OLD REAGAN WELLS RD

City
LEAKEYState
TXZip Code
78873-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024**Transaction ID : SA17.581613**

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRICE, JOHN, , ,

Mailing Address 1520 OLD REAGAN WELLS RD

City
LEAKEYState
TXZip Code
78873-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024**Transaction ID : SA17.581614**

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024**Transaction ID : SA17.581656**

Amount of Each Receipt this Period

0.05

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 212 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. YAW, NELDA, , ,

Mailing Address 632 HUNTERS WAY

City
NEW BRAUNFELSState
TXZip Code
78132-4775FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581642

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581695

Amount of Each Receipt this Period

161.66

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KATY ISDOccupation (for Individual)
BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581697

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 213 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. HERNANDEZ, SHARON, , ,

Mailing Address 2415 CREEK MEADOW DR.

City
HOUSTONState
TXZip Code
77084-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KATY ISDOccupation (for Individual)
BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2024

Transaction ID : SA17.581698

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOWRY, DIANE, , ,

Mailing Address 707 LONG AVENUE

City
PORT SAINT JOEState
FLZip Code
32456-1721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2024

Transaction ID : SA17.581701

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWSOME, HELENE, , ,

Mailing Address 4043 CARLYLE LAKES BLVD

City
PALM HARBORState
FLZip Code
34685-1040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEALTHCAREOccupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2024

Transaction ID : SA17.581706

Amount of Each Receipt this Period

18.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 214 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. TAFT, EUGENE, , ,

Mailing Address 19 VALLEY LN W

City
VALLEY STREAMState
NYZip Code
11581-3632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581704

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TALLEY, RICHARD, , ,

Mailing Address 2777 PARADISE RD

City
LAS VEGASState
NVZip Code
89109-9050FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2024

Transaction ID : SA17.581709

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : SA17.581711

Amount of Each Receipt this Period

2095.19

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 215 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. HUMPHRIES, CATHY, , ,

Mailing Address 972 E SEA BISCUIT WAY

City
WASHINGTONState
UTZip Code
84780-3024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581755**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMPE, BONNIE, , ,

Mailing Address 11041 CORSIA TRIESTE WAY 101

City
BONITA SPRINGSState
FLZip Code
34135-6989FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581793**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POPE, RICHARF, , ,

Mailing Address 31 OCEAN REEF DR.

City
KEY LARGOState
FLZip Code
33037-5282FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581761**

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 216 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. R, HAROLD, , ,

Mailing Address 3833 LORRAINE RD

City
LARKSPURState
COZip Code
80118-5616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6750.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581775**

Amount of Each Receipt this Period

750.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINCLAIR, PATRICIA, , ,

Mailing Address 1739 N. TULARE WAY

City
UPLANDState
CAZip Code
91784-1961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581781**

Amount of Each Receipt this Period

0.25

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TEPFENHART, PAUL, , ,

Mailing Address 8112 CASTLEBRIDGE

City
THE COLONYState
TXZip Code
75056-3753FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581747**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 217 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, DENNIS, , ,

Mailing Address 37 SOUTH SIDE COUNTRY E

City
DECATURState
ILZip Code
62521-9126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : SA17.581801

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : SA17.581807

Amount of Each Receipt this Period

212.78

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLEVINS, CARL, , ,

Mailing Address 6804 COUNTY ROAD 527

City
BURLESONState
TXZip Code
76028-1304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024

Transaction ID : SA17.581809

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 218 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. DAVISSON, BONNIE M, , ,

Mailing Address 8641 NE 108 LN

City
BRONSONState
FLZip Code
32621-3326FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581821**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAPOLLO, DONNA, , ,

Mailing Address 35 ARDEN ROAD

City
EAST ROCKAWAYState
NYZip Code
11518-2401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581813**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCGEHEE, RON, , ,

Mailing Address 3225 CHANNING LANE

City
BEDFORDState
TXZip Code
76021-6505FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
PROPERTY TAX CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581818**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 219 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. MONTGOMERY, RICHARD, , ,

Mailing Address 17903 ECHOBEND LN

City
SPRINGState
TXZip Code
77379-4029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERCHANTS METALSOccupation (for Individual)
CSR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581812**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINETT, RICHARD, , ,

Mailing Address 75 HIGH STREET

City
OAK VIEWState
CAZip Code
93022-9203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WELLS FARGO ADVISORSOccupation (for Individual)
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581811**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLID, JODY, , ,

Mailing Address 13534 WEST PROSPECT DRIVE

City
SUN CITY WESTState
AZZip Code
85375-4109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2024**Transaction ID : SA17.581817**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 220 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581824**

Amount of Each Receipt this Period

2484.92

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AVELAR, ANTHINY, , ,

Mailing Address 205 COURT ST

City
WALNUTState
ILZip Code
61376-1004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RSCSOccupation (for Individual)
TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581827**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BIXBY, DANIEL, , ,

Mailing Address 18734 E. HWY M

City
STOCKTONState
MOZip Code
65785-9178FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581834**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

101.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. BUCHER, ANITA, , ,

Mailing Address 14521 N ROCK SPRINGS LANE

City
ORO VALLEYState
AZZip Code
85755-6674FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581871

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEGG, JOHN, , ,

Mailing Address 215 E 22ND ST

City
MUNCIEState
INZip Code
47302-5139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581840

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRYER, RANDALL, , ,

Mailing Address 3816 TORO CANYON ROAD

City
AUSTINState
TXZip Code
78746-1564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581833

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 222 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. FIELDS, CONNIE, , ,

Mailing Address 606 E. MEDUSA ST.

City
SYRACUSEState
INZip Code
46567-1606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581900

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLOURNOY, BRIAN, , ,

Mailing Address 6003 ARDEN ST

City
SHREVEPORTState
LAZip Code
71106-2301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TYGROccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581933

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAJEWSKI, TED, , ,

Mailing Address 383 3RD STREET

City
ATLANTIC BEACHState
FLZip Code
32233-5231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581825

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 223 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. GODDARD, MICHAEL, , ,

Mailing Address 56757 CARLYLE DRIVE

City
YUCCA VALLEYState
CAZip Code
92284-4325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MORONGO UNIFIED SCHOOL DISTRICTOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581925

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANSON, ROBERT, , ,

Mailing Address 1326 HICKORY CREEK CT

City
WICHITAState
KSZip Code
67235-7000FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ROBERT HANSONOccupation (for Individual)
PROPERTY MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581891

Amount of Each Receipt this Period

36.44

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ILACQUA, BARBARA, , ,

Mailing Address 1026 BENZ AVENUE

City
CINCINNATIState
OHZip Code
45238-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581849

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

161.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 224 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. ILACQUA, BARBARA, , ,

Mailing Address 1026 BENZ AVENUE

City
CINCINNATIState
OHZip Code
45238-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581899**

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KERR, SM, , ,

Mailing Address 3331 N VALENCIA LANE

City
PHOENIXState
AZZip Code
85018-6610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581956**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581901**

Amount of Each Receipt this Period

2.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

117.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 225 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2024

Transaction ID : SA17.581902

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2024

Transaction ID : SA17.581904

Amount of Each Receipt this Period

2.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2024

Transaction ID : SA17.581905

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 226 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LAUINGER, ELLEN, , ,

Mailing Address 6 FLYING PT RD

City
SOUTHAMPTONState
NYZip Code
11968-5283FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581970**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581964**

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHARDSON, CHRIS, , ,

Mailing Address 4001 W SAM HOUSTON PKWY N SUITE 10

City
HOUSTONState
TXZip Code
77043-1236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

301.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581972**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 227 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. VAN EPS, DAWN, , ,

Mailing Address 7115 E WARREN DR.

City
DENVERState
COZip Code
80224-2530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MASTERPIECE STAIROccupation (for Individual)
OFFICE ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581897

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALKER, BYGERALD, , ,

Mailing Address 261 FIRCREST DRIVE

City
SEQUIMState
WAZip Code
98382-8238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581886

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, BYGERALD, , ,

Mailing Address 261 FIRCREST DRIVE

City
SEQUIMState
WAZip Code
98382-8238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581887

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 228 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581976**

Amount of Each Receipt this Period

270.66

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. A ARCHULETA, KYRA, , ,

Mailing Address 4545 YARROW

City
WHEAT RIDGEState
COZip Code
80033-3253FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581985**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, ETHEL, , ,

Mailing Address 129 HILLCREST DR.

City
PARROTTSVILLEState
TNZip Code
37843-3333FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2024**Transaction ID : SA17.581988**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 229 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. BROWER, MURIEL, , ,

Mailing Address 2803 VIA PALOMA DRIVE

City
PUNTA GORDAState
FLZip Code
33950-6349FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		28		2024

Transaction ID : SA17.581991

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIELS, JAN, , ,

Mailing Address 5 AVENIDA CASATINO

City
HENDERSONState
NVZip Code
89011-3206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		28		2024

Transaction ID : SA17.581980

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, TIM, , ,

Mailing Address 9235 BRUMBELOW ROAD

City
ALPHARETTAState
GAZip Code
30022-5230FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QEMOccupation (for Individual)
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12		28		2024

Transaction ID : SA17.581982

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 230 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. HUGHEY, KENNETH, , ,

Mailing Address P.O. BOX 2011

City
MANHATTAN BEACHState
CAZip Code
90267-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581977

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIM, S T, , ,

Mailing Address 450E BALDWIN RD #320

City
PALATINEState
ILZip Code
60074-6844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581978

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUGO, LEE, , ,

Mailing Address 3624 CAMPSTONE DRIVE

City
PLANOState
TXZip Code
75023-1011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1240.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581994

Amount of Each Receipt this Period

0.10

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 231 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. SMITH, ARTHUR, , ,

Mailing Address 2625 ANNAPOLIS CIRCLE

City
SAN BERNARDINOState
CAZip Code
92408-4132FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581989

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TORRES, ASUNCION, , ,

Mailing Address 2700 NW 99TH AVE

City
CORAL SPRINGSState
FLZip Code
33065-4837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2024

Transaction ID : SA17.581981

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.581995

Amount of Each Receipt this Period

5360.51

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 232 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. ANDERSON, NANCY, , ,

Mailing Address 2743 EVERGREEN DR

City
GREAT FALLSState
MTZip Code
59404-3635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582112

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAVIRSHA, JAMES, , ,

Mailing Address 3104 LITTLE BIG HORN DRIVE

City
JOLIETState
ILZip Code
60435-0655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582010

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRANT, JOSEPH, , ,

Mailing Address 719 CRANDON BLVD,

City
KEY BISCAVNEState
FLZip Code
33149-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582152

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 233 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. COLEMAN, NAT, , ,

Mailing Address 4500 FM 2419

City
PALESTINEState
TXZip Code
75801-0820FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582007

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CULBERTSON, LLOYD, , ,

Mailing Address 10705 SW 69 COURT

City
MIAMIState
FLZip Code
33156-3932FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582098

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CURTIN, DINO, , ,

Mailing Address 228 U ST

City
RIO LINDAState
CAZip Code
95673-1337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582044

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 234 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. DROUIN, VICTOR, , ,

Mailing Address 352 SEWALL RD

City
WOLFEBOROState
NHZip Code
03894-4110FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
GREEN MOUNTAIN COMMUNICATIONSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2024

Transaction ID : SA17.582159

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREER, BETTY, , ,

Mailing Address 10460 SILVER MAPLE AVENUE

City
OXFORDState
FLZip Code
34484-3821FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2024

Transaction ID : SA17.582029

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRINGTON, MAUREEN, , ,

Mailing Address 10874 FOREST CREEK

City
COLORADO SPRINGSState
COZip Code
80908-7423FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2024

Transaction ID : SA17.582043

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 235 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. HEETER, PEGGY, , ,

Mailing Address 513 CHARLESTON RD

City
SPENCERState
WVZip Code
25276-9231FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA17.582113

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUGHES, MICHAEL, , ,

Mailing Address 2885 YARBOROUGH

City
OLANTAState
SCZip Code
29114-9522FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
FRANCIS MARION UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA17.582046

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HULTMAN, STEVEN, , ,

Mailing Address 14170 GREEN HAVEN LANE

City
GRASS VALLEYState
CAZip Code
95945-8618FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA17.582130

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 236 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. INGALLS, IRENE, , ,

Mailing Address 897 N 36

City
SEATTLEState
WAZip Code
98103-8806FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELFOccupation (for Individual)
SOUND HEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582023

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, MARY G, , ,

Mailing Address 7323 SNOWDEN RD. #1108

City
SAN ANTONIOState
TXZip Code
78240-4796FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582123

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINMAN, JANICE, , ,

Mailing Address 3450 HYACINTH STREET

City
EUGENEState
ORZip Code
97404-1563FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582175

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 237 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582170

Amount of Each Receipt this Period

3.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582171

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIDDELL, ROBERT, , ,

Mailing Address 3402 KARLEIGH WAY

City
RICHMONDState
TXZip Code
77406-2560FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582081

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

118.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 238 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LIU, BOTAO, , ,

Mailing Address 4320 WINFIELD RD

City
WARRENVILLEState
ILZip Code
60555-4018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MEK CHEMICAL CORPOccupation (for Individual)
OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024**Transaction ID : SA17.582018**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUFBURROW, STEPHEN, , ,

Mailing Address 7025 HODGSON MEMORIAL DR., STE H

City
SAVANNAHState
GAZip Code
31406-2568FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024**Transaction ID : SA17.582063**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIDDLETON, JAYNE, , ,

Mailing Address 2420 CREEKWOOD DR

City
BATON ROUGEState
LAZip Code
70808-0115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024**Transaction ID : SA17.582109**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 239 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582177

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582178

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582179

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 240 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. NESS, BARBARA, , ,

Mailing Address 809 S WESTMOOR DR.

City
SIOUX FALLSState
SDZip Code
57104-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582180

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALAZA, MADELEINE, , ,

Mailing Address 69KING ST.

City
STOUGHTONState
MAZip Code
02072-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582153

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAFFELSCHWIEN, MARY, , ,

Mailing Address 36257 E CO 11 AND HALF ST

City
WELLTONState
AZZip Code
85356-FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UALOccupation (for Individual)
RETIRED FLIGHT ATT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582015

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 241 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. SCHEMITSCH, ERNEST, , ,

Mailing Address 176 UNION STREET

City
BROOKLYNState
NYZip Code
11231-3085FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582094

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, ELIAS, , ,

Mailing Address 920 SHAPLEIGH CORNER ROAD

City
SHAPLEIGHState
MEZip Code
04076-3606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EXIT KEY REAL ESTATEOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582135

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, MARK, , ,

Mailing Address 200 SPRINGWOOD DR.

City
AIKENState
SCZip Code
29803-5895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COLDWELL BANKEROccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582027

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 242 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024**Transaction ID : SA17.582182**

Amount of Each Receipt this Period

224.05

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORMIER, WILLIAM, , ,

Mailing Address 1025 MAIN STREET

City
LEOMINSTERState
MAZip Code
01453-1909FEC 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024**Transaction ID : SA17.582189**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, RONALD, , ,

Mailing Address N12285 TAYLOR LAKE ROAD

City
MINONGState
WIZip Code
54859-9119FEC 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 ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024**Transaction ID : SA17.582191**

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 243 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LANKFORD, KEITH, , ,

Mailing Address 5309 REVERE ROAD

City
DURHAMState
NCZip Code
27713-2540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WAKECOUNTYOccupation (for Individual)
PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2024

Transaction ID : SA17.582184

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEONARD, ANNE, , ,

Mailing Address 13202 HUNTERS SPRING

City
SAN ANTONIOState
TXZip Code
78230-2862FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AHAOccupation (for Individual)
SMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2024

Transaction ID : SA17.582183

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEROLA, KAREN, , ,

Mailing Address 8615 MARIA COURT

City
HOWELLState
MIZip Code
48855-6301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STC INTERNATIONALOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2024

Transaction ID : SA17.582192

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 244 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. TINKER, BRUCE, , ,

Mailing Address 1155 MARKS COURT

City
DINUBAState
CAZip Code
93618-3172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582185

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZELLNER, C., , ,

Mailing Address 150 S. HWY 160, STE 8 #287

City
PAHRUMPState
NVZip Code
89048-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2024

Transaction ID : SA17.582188

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582196

Amount of Each Receipt this Period

5935.87

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 245 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. CLEMENT, LARRY, , ,

Mailing Address 1756 ABERDEEN COURT

City
PALM HARBORState
FLZip Code
34684-2337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582305

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEMENT, LARRY, , ,

Mailing Address 1756 ABERDEEN COURT

City
PALM HARBORState
FLZip Code
34684-2337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582336

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONWAY, KELLI, , ,

Mailing Address 6360 ROTHERBY CIRCLE

City
HUDSONState
OHZip Code
44236-4916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582381

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 246 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. CULBERTSON, LLOYD, , ,

Mailing Address 10705 SW 69 COURT

City
MIAMIState
FLZip Code
33156-3932FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582204

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582264

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582324

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 247 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582325

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EREMITY, FRANK, , ,

Mailing Address 12 DARTMOUTH CT

City
STREAMWOODState
ILZip Code
60107-2179FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582326

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOWLER, JOE, , ,

Mailing Address 6206 BERMUDA DUNES

City
HOUSTONState
TXZip Code
77069-1310FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582367

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 293

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. GARRISON, KENNETH, , ,

Mailing Address 846 YAVAPAI HILLS DR.

City
PRESCOTTState
AZZip Code
86301-5793FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
GUARDIAN FLIGHT LLCOccupation (for Individual)
MEDEVAC PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582333

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOWENS, WAYNE, , ,

Mailing Address 36278 WEST SHAW AVE

City
FIREBAUGHState
CAZip Code
93622-9508FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
SELFOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582332

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAHEN, PATRICIA, , ,

Mailing Address 1020 WEST BAY AVENUE

City
NEWPORT BEACHState
CAZip Code
92661-1015FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
INTEGR8Occupation (for Individual)
EXEC MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582322

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 249 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. ILACQUA, BARBARA, , ,

Mailing Address 1026 BENZ AVENUE

City
CINCINNATIState
OHZip Code
45238-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582337

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, JAMES, , ,

Mailing Address 14761 W ASHCROFT DR

City
GOODYEARState
AZZip Code
85395-8961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582262

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, RETHA, , ,

Mailing Address 1411 DEEP CUT RD

City
ERINState
TNZip Code
37061-6843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582315

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 250 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. JONES, MARY G, , ,

Mailing Address 7323 SNOWDEN RD. #1108

City
SAN ANTONIOState
TXZip Code
78240-4796FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024**Transaction ID : SA17.582361**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024**Transaction ID : SA17.582271**

Amount of Each Receipt this Period

3.50

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LACKEY, ANN, , ,

Mailing Address 1117 SPRUCE ST

City
LAKE OSWEGOState
ORZip Code
97034-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1373.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024**Transaction ID : SA17.582272**

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 251 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582249

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582251

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANNO, JOHN, , ,

Mailing Address 101 WOODVALE CREEK CIRCLE

City
BOSSIER CITYState
LAZip Code
71111-2285FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582298

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 252 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. METZGER, AGNES, , ,

Mailing Address 888 PARK AVENUE

City
NEW YORKState
NYZip Code
10075-0235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582377

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OBERLENDER, JANICE, , ,

Mailing Address 5533 PRESTWICK LANE

City
DALLASState
TXZip Code
75252-4978FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582273

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OBERLENDER, JANICE, , ,

Mailing Address 5533 PRESTWICK LANE

City
DALLASState
TXZip Code
75252-4978FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582275

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 253 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. PARKS, JENNIE, , ,

Mailing Address 386 W TROXELL RD

City
OAK HARBORState
WAZip Code
98277-7909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582354

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POWELL, GEORGE, , ,

Mailing Address 4718 HALLMARK DR #1001

City
HOUSTONState
TXZip Code
77056-3913FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582213

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. QUATROKE, BARBARA, , ,

Mailing Address 5320 GALLEY WAY

City
OXFORDState
FLZip Code
34484-3800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582291

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 254 OF 293
(check only one)

<input 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 checked="" 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. ROBINSON, JIM, , ,

Mailing Address 388 CANNONBALL LN

City
INLET BEACHState
FLZip Code
32461-8584FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BRAIN EXPERT PCOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582347

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAACKS, ANTOINE, , ,

Mailing Address 4001 TOLMAS DRIVE

City
METAIRIEState
LAZip Code
70002-1850FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582288

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCAMAN, WARREN, , ,

Mailing Address 920 JEREMY LN

City
LIBERTYVILLEState
ILZip Code
60048-1847FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TAVAS LLCOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582348

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 255 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. THOMPSON, KEVIN, , ,

Mailing Address 28666 OREGON ROAD

City
PERRYSBURG TWPState
OHZip Code
43551-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PLYGEM WINDOWSOccupation (for Individual)
SASH CLEANER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582370

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VALENTI, DOMINICK, , ,

Mailing Address 2527 PLATINUM CHASE DRIVE

City
ROSHARONState
TXZip Code
77583-3276FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582299

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, DIANA, , ,

Mailing Address 7928 FIREFLY DR

City
FORT WORTHState
TXZip Code
76137-1224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582261

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 256 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. YUE, CALVIN, , ,

Mailing Address 2940 W 19TH AVE

City
EUGENEState
ORZip Code
97405-1302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DICKY JOSOccupation (for Individual)
COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582389

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582394

Amount of Each Receipt this Period

420.18

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, PATRICIA, , ,

Mailing Address 1106 FLOYD AVE

City
RICHMONDState
VAZip Code
23220-4823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VCUOccupation (for Individual)
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024

Transaction ID : SA17.582399

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 257 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. LARSEN, LAWRENCE, , ,

Mailing Address 4331 GREEN TREE DRIVE

City
SACRAMENTOState
CAZip Code
95823-1978FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
LOS RIOS COLLEGE DISTRICTOccupation (for Individual)
ADJUNCT FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582408

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARSH, ALANA, , ,

Mailing Address 4275 PANORAMIC VIEW DRIVE

City
MARYVILLEState
TNZip Code
37804-3982FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582407

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ORDWAY, CHRIS, , ,

Mailing Address 292 ISLAND CREEK DR.

City
VERO BEACHState
FLZip Code
32963-3303FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582406

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 258 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. PETERSON, ROBERT, , ,

Mailing Address 4000 SOUTH 56TH STREET

City
LINCOLNState
NEZip Code
68506-5160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582410

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. QUINN, CHARLES, , ,

Mailing Address 179 JALYN RAE COURT

City
LAS VEGASState
NVZip Code
89183-4129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582404

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTOSUOSSO, JOSEPH, , ,

Mailing Address 13615 209TH AVE NE

City
WOODINVILLEState
WAZip Code
98077-7600FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CASCADE CONSOLIDATED INDUSTRIESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : SA17.582397

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 259 OF 293
(check only one)

<input 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 checked="" 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. WINKLEBLACK, SUE, , ,

Mailing Address 509 SAINT FRANCIS ROAD

City
EUFAULAState
ALZip Code
36027-9524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024**Transaction ID : SA17.582395**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNGER, ROBERT, , ,

Mailing Address 1720 GUNBARREL ROAD

City
CHATTANOOGAState
TNZip Code
37421-4144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GALEN MDEICALOccupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2024**Transaction ID : SA17.582400**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LASERNA, ROSARIO, , ,

Mailing Address 5703 CEDAR MTN. COURT

City
FREDERICKSBURGState
VAZip Code
22407-9243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024**Transaction ID : SA17.584615**

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED BY
WINRED - CHARGED BACK**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 260 OF 293
(check only one)

<input 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 checked="" 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. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582411

Amount of Each Receipt this Period

588.09

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BERNDSEN, JOSEPH, , ,

Mailing Address 1156 HARRINGTON PLACE

City
DUPONTState
WAZip Code
98327-9767FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

MSY CONSTRUCTION

SUPERINTENDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582421

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, RON, , ,

Mailing Address 830 WEST SAVANNA COURT

City
DUNLAPState
ILZip Code
61525-9646FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

SELF

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582417

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 261 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. PIEPER, KATHRYN, , ,

Mailing Address 4172 66TH AVENUE NORTHWEST

City
WILLIAMSState
MNZip Code
56686-4509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582426

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3055924.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582427

Amount of Each Receipt this Period

62.50

☒ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE
ATTRIBUTION BELOW FOR ALL DONORS ABOVE
ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BORZI, SALVATORE, , ,

Mailing Address 102 JULIET STREET

City
TEAGUEState
TXZip Code
75860-4069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582432

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 262 OF 293
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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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. PRAY, DEAN, , ,

Mailing Address 13914 WEST PENNYSTONE DRIVE

City
SUN CITY WESTState
AZZip Code
85375-5234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2024

Transaction ID : SA17.582430

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00

301347.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 263 OF 293

<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. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182

Purpose of Disbursement

Donor database services

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1	/	2	6	2	/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.89

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182

Purpose of Disbursement

Donor database services

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	2	/	2	6	2	/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.90

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
			/				/						

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 264 OF 293

<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		2	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

1.57

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. TMA Direct, Inc.Mailing Address 1900 Reston Metro Plaza
Suite 600City
RestonState
VAZip Code
20190

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		2	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.3

Amount of Each Disbursement this Period

22.56

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		2	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

6.09

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3	0	2	2						
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 265 OF 293

<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

1	0	0									

1.00☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.4

Amount of Each Disbursement this Period

3	7	9									

37.94☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	9		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.7

Amount of Each Disbursement this Period

4	7	5									

4.75☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4	3	6	9								

43.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 266 OF 293

<input 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 checked="" 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. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

16.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.6

Amount of Each Disbursement this Period

20.20

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Capitol Computer Exchange

Mailing Address 4487 Forbes Boulevard

City
LanhamState
MDZip Code
20706

Purpose of Disbursement

Computer services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	2		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.72

Amount of Each Disbursement this Period

91.58

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

127.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 293

<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	2	/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.11

Amount of Each Disbursement this Period

15.49

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. P2P MessagingMailing Address 1390 Chain Bridge Road
Suite 54City
McLeanState
VAZip Code
22101

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	2	/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.12

Amount of Each Disbursement this Period

40.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. PCI Payment Solutions

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	2	/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

50.50

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 268 OF 293

<input 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 checked="" 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. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.13

Amount of Each Disbursement this Period

17.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.10

Amount of Each Disbursement this Period

35.68

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182

Purpose of Disbursement

Donor database services

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.69

Amount of Each Disbursement this Period

500.00

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

552.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 269 OF 293

<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.15

Amount of Each Disbursement this Period

2.75

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. First National Bank

Mailing Address P.O. Box 2557

City
OmahaState
NEZip Code
68103

Purpose of Disbursement

Credit card payment - see memo entries

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.73

Amount of Each Disbursement this Period

6256.73

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Cloudflare

Mailing Address 101 Townsend St

City
San FranciscoState
CAZip Code
94107

Purpose of Disbursement

Computer services

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.74

Amount of Each Disbursement this Period

106.00

☒ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

6259.48

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 270 OF 293

<input 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 checked="" 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. FedEx

Mailing Address 942 South Shady Grove Road

City
MemphisState
TNZip Code
38120

Purpose of Disbursement

Printing and shipping

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.80

Amount of Each Disbursement this Period

239.05

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. GoDaddy.comMailing Address 14455 North Hayden Road
Suite 219City
ScottsdaleState
AZZip Code
85260

Purpose of Disbursement

Domain name services

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.75

Amount of Each Disbursement this Period

1059.13

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Microsoft

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052

Purpose of Disbursement

Computer services

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.76

Amount of Each Disbursement this Period

610.39

☒ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Stamps.com

Mailing Address 4301 Bull Creek Road

City
AustinState
TXZip Code
78731

Purpose of Disbursement

Postage

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.77

Amount of Each Disbursement this Period

31.79

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 1515 Third Street

City
San FranciscoState
CAZip Code
94158

Purpose of Disbursement

Ground transportation

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.82

Amount of Each Disbursement this Period

397.94

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Uber Eats

Mailing Address 1515 Third Street

City
San FranciscoState
CAZip Code
94158

Purpose of Disbursement

Food and beverage

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.81

Amount of Each Disbursement this Period

2853.43

☒ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. WinRed Technical ServicesMailing Address 1776 Wilson Blvd.
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.78

Amount of Each Disbursement this Period

99.00

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WP EngineMailing Address 504 Lavaca Street
Suite 1000City
AustinState
TXZip Code
78701

Purpose of Disbursement

Computer services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.79

Amount of Each Disbursement this Period

850.00

☒ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. FLS Connect, LLCMailing Address 7300 Hudson Blvd
Suite 270City
St PaulState
MNZip Code
55128

Purpose of Disbursement

Conference call services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.83

Amount of Each Disbursement this Period

1250.36

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	2	3	4	5	6	7	8	9	0	.	3	6
---	---	---	---	---	---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.16

Amount of Each Disbursement this Period

17.00

☐ Memo Item Non-contribution account**B. Targeted Victory**Mailing Address 2311 Wilson Blvd
Suite 200City
ArlingtonState
VAZip Code
22201

Purpose of Disbursement

Media consulting

Candidate Name

001

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.68

Amount of Each Disbursement this Period

92205.95

☐ Memo Item Non-contribution account**C. WinRed Technical Services**Mailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.14

Amount of Each Disbursement this Period

21.34

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

92244.29

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.18

Amount of Each Disbursement this Period

3.50

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.19

Amount of Each Disbursement this Period

17.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	4			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.17

Amount of Each Disbursement this Period

5.31

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

25.81

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 PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	5		/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.21

Amount of Each Disbursement this Period

1	2	5												

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	5		/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.20

Amount of Each Disbursement this Period

2	4	5												

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Convert Digital LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	6		/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.24

Amount of Each Disbursement this Period

7	0	0												

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Red Fog Media LLC

Mailing Address 1209 Orange Street

City
WilmingtonState
DEZip Code
19801

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	6		/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.23

Amount of Each Disbursement this Period

10.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	6		/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.22

Amount of Each Disbursement this Period

5.57

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2		/	0	8		/	2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.25

Amount of Each Disbursement this Period

1570.82

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1586.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 277 OF 293

<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.27

Amount of Each Disbursement this Period

5.50

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.26

Amount of Each Disbursement this Period

18.06

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Conston, Daniel, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Travel reimbursement

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.87

Amount of Each Disbursement this Period

163.43

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 278 OF 293

<input 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 checked="" 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. Smyth, Holden, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Travel reimbursement

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
12			10			2024			

FEC Identification Number

C

Transaction ID : SB.88

Amount of Each Disbursement this Period

154.71

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182

Purpose of Disbursement

Donor database services

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
12			10			2024			

FEC Identification Number

C

Transaction ID : SB.70

Amount of Each Disbursement this Period

3133.50

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
12			10			2024			

FEC Identification Number

C

Transaction ID : SB.28

Amount of Each Disbursement this Period

4.26

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3292.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 279 OF 293

<input 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 checked="" 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. Convert Digital LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.31

Amount of Each Disbursement this Period

35.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Red Fog Media LLC

Mailing Address 1209 Orange Street

City
WilmingtonState
DEZip Code
19801

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.30

Amount of Each Disbursement this Period

50.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	1		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.29

Amount of Each Disbursement this Period

8.53

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

93.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	2		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.33

Amount of Each Disbursement this Period

2.50

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	2		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.32

Amount of Each Disbursement this Period

8.10

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	2		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB.34

Amount of Each Disbursement this Period

315.92

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3	2	6	.	5	2
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				16				2024					

FEC Identification Number

C

Transaction ID : SB.39

Amount of Each Disbursement this Period

13.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Right Country Lists

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				16				2024					

FEC Identification Number

C

Transaction ID : SB.40

Amount of Each Disbursement this Period

8.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				16				2024					

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

31.73

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

52.73

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 PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2024			

FEC Identification Number

C

Transaction ID : SB.41

Amount of Each Disbursement this Period

14.90

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2024			

FEC Identification Number

C

Transaction ID : SB.43

Amount of Each Disbursement this Period

0.12

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2024			

FEC Identification Number

C

Transaction ID : SB.42

Amount of Each Disbursement this Period

16.41

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

31.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 284 OF 293

<input 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 checked="" 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. Capital Research Group

Mailing Address PO Box 7530

City
ArlingtonState
VAZip Code
22207

Purpose of Disbursement

Research services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2024			

FEC Identification Number

C

Transaction ID : SB.86

Amount of Each Disbursement this Period

15000.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2024			

FEC Identification Number

C

Transaction ID : SB.45

Amount of Each Disbursement this Period

1.66

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Jones Day

Mailing Address 51 Louisiana Ave. NW

City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

Legal services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2024			

FEC Identification Number

C

Transaction ID : SB.71

Amount of Each Disbursement this Period

81380.00

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►

96381.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Paragon Strategies LLCMailing Address 1465 Woodbury Ave
PMB 234City
PortsmouthState
NHZip Code
03801

Purpose of Disbursement

Research services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.85

Amount of Each Disbursement this Period

15000.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.44

Amount of Each Disbursement this Period

6.29

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.46

Amount of Each Disbursement this Period

172.35

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15178.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.48

Amount of Each Disbursement this Period

2.12

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.47

Amount of Each Disbursement this Period

9.86

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.50

Amount of Each Disbursement this Period

4.17

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.51

Amount of Each Disbursement this Period

32.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.49

Amount of Each Disbursement this Period

36.38

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.52

Amount of Each Disbursement this Period

5.87

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶

74.25

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. Convergence Media LLC

Mailing Address 130 N Fayette Street

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.54

Amount of Each Disbursement this Period

2.57

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.56

Amount of Each Disbursement this Period

16.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. FLS Connect, LLCMailing Address 7300 Hudson Blvd
Suite 270City
St PaulState
MNZip Code
55128

Purpose of Disbursement

Conference call services

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.84

Amount of Each Disbursement this Period

14.42

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. TMA Direct, Inc.Mailing Address 1900 Reston Metro Plaza
Suite 600City
RestonState
VAZip Code
20190

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.55

Amount of Each Disbursement this Period

22.56

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.53

Amount of Each Disbursement this Period

18.72

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	6			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB.57

Amount of Each Disbursement this Period

164.65

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

205.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. DonorBureau

Mailing Address 1900 N Culpepper St

City
ArlingtonState
VAZip Code
22207

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0		
12 / 30 / 2024													

FEC Identification Number

C**Transaction ID : SB.63**

Amount of Each Disbursement this Period

32.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B. P2P MessagingMailing Address 1390 Chain Bridge Road
Suite 54City
McLeanState
VAZip Code
22101

Purpose of Disbursement

Fundraising consulting

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0		
12 / 30 / 2024													

FEC Identification Number

C**Transaction ID : SB.62**

Amount of Each Disbursement this Period

40.00

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

C. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fee

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0		
12 / 30 / 2024													

FEC Identification Number

C**Transaction ID : SB.60**

Amount of Each Disbursement this Period

49.88

☐ Memo Item Non-contribution account**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

121.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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. WinRed Technical ServicesMailing Address 1776 Wilson Blvd
Suite 530City
ArlingtonState
VAZip Code
22209

Purpose of Disbursement

Merchant fees

Candidate Name

003

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	2	4		

FEC Identification Number

C

Transaction ID : SB.67

Amount of Each Disbursement this Period

729.64

☐ Memo Item Non-contribution account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

729.64

219036.80