

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
Washington DC 20006
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00504530

3. IS THIS REPORT NEW (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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

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 Caleb Crosby

Signature of Treasurer Caleb Crosby [Electronically Filed] Date 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Congressional Leadership Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="865793.42"/>	<input type="text" value="865793.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="865793.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1380889.52"/>	<input type="text" value="1380889.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2246682.94"/>	<input type="text" value="2246682.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="299592.01"/>	<input type="text" value="299592.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1947090.93"/>	<input type="text" value="1947090.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Congressional Leadership Fund

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

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).....	1369953.15	1369953.15
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1369953.15	1369953.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1379953.15	1379953.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	936.37	936.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1380889.52	1380889.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1380889.52	1380889.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	123668.01	123668.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123668.01	123668.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	175924.00	175924.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	299592.01	299592.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	299592.01	299592.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1379953.15	1379953.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1379953.15	1379953.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123668.01	123668.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	936.37	936.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	122731.64	122731.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. JOHN L. NAU III
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 130130

City HOUSTON State TX Zip Code 77019-

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

Name of Employer Silver Eagle Distributors, LP Occupation PRESIDENT AND CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 02 / 25 / 2016
Transaction ID : SA11.1101

Amount of Each Receipt this Period 50000.00

Memo Item CONTRIBUTION

B. KELCY L. WARREN
Full Name (Last, First, Middle Initial)

Mailing Address 8111 WESTCHESTER DR. SUITE 700

City DALLAS State TX Zip Code 75225-

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

Name of Employer ENERGY TRANSFER PARTNERS Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 02 / 26 / 2016
Transaction ID : SA11.1102

Amount of Each Receipt this Period 25000.00

Memo Item CONTRIBUTION

C. J. RALPH ELLIS JR
Full Name (Last, First, Middle Initial)

Mailing Address 545 E JOHN CARPENTER FRWY. SUITE 1530

City IRVING State TX Zip Code 75062-

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

Name of Employer BELMONT OIL AND GAS CORP Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 29 / 2016
Transaction ID : SA11.1103

Amount of Each Receipt this Period 10000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 85000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. ROBERT C. MCNAIR SR.
 Full Name (Last, First, Middle Initial)
 Mailing Address NRG STADIUM
 TWO NRG PARK
 City HOUSTON State TX Zip Code 77054-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOUSTON TEXANS Occupation CHAIRMAN AND CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : SA11.1105
 Amount of Each Receipt this Period **100000.00**
 Memo Item
CONTRIBUTION

B. ENERGY TRANSFER PARTNERS LP
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 EAST SONTERRA BLVD
 SUITE 400
 City SAN ANTONIO State TX Zip Code 78258-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000.00**

Date of Receipt **02 / 29 / 2016**
Transaction ID : SA11.1104
 Amount of Each Receipt this Period **25000.00**
 Memo Item
CONTRIBUTION

C. CHEVRON POLICY GOVERNMENT & PUBLIC AFFAIRS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 9034
 City CONCORD State CA Zip Code 94524-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000000.00**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11.1107
 Amount of Each Receipt this Period **1000000.00**
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1125000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)
A. ALAN DREEBEN

Mailing Address **6511 TRI COUNTY PARKWAY**

City **SCHERTZ** State **TX** Zip Code **78154-**

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

Name of Employer **REPUBLIC NATIONAL DISTRIBUTING COMP/** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt **03 / 23 / 2016**

Transaction ID : SA11.1108

Amount of Each Receipt this Period **10000.00**

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. AMERICAN ACTION NETWORK

Mailing Address **1747 PENNSYLVANIA AVE. NW
5TH FLOOR**

City **WASHINGTON** State **DC** Zip Code **20006-4604**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **49953.15**

Date of Receipt **03 / 31 / 2016**

Transaction ID : SA11.1110

Amount of Each Receipt this Period **49953.15**

Memo Item
CONTRIBUTION IN KIND - PAYROLL/OFFICE SPACE

Full Name (Last, First, Middle Initial)
C. ENTERTAINMENT SOFTWARE ASSOCIATION

Mailing Address **575 7TH STREET, NW
SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20004-**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100000.00**

Date of Receipt **03 / 31 / 2016**

Transaction ID : SA11.1109

Amount of Each Receipt this Period **100000.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	159953.15
TOTAL This Period (last page this line number only).....▶	1369953.15

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

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

FOR LINE NUMBER: PAGE 9 OF 24
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)
A. NUSTAR PAC

Mailing Address 19003 IH-10 WEST

City SAN ANTONIO State TX Zip Code 78257-

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : SA11.1106

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

A. Full Name (Last, First, Middle Initial)
Connection Strategy, LLC

Mailing Address PO Box 2192

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SB.40

Amount of Each Receipt this Period
 936.37

Memo Item
 Refund for phone calls reported as independent expenditure

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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).....▶	936.37
TOTAL This Period (last page this line number only).....▶	936.37

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. First National Bank

Mailing Address P.O. Box 2557

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Credit card - see memo entry

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.19

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement
Computer services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.20

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Trinity Financial Reporting & Compliance

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Accounting and compliance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.13

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. James Ettari

Mailing Address 1747 Pennsylvania Ave. NW
5th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
See memo entry

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.31

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VistaPrint

Mailing Address 95 Hayden Ave.

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Holiday cards

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.32

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Computer Exchange

Mailing Address 4487 Forbes Boulevard

City Lanham State MD Zip Code 20706

Purpose of Disbursement
Computer services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.21

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Capitol Computer Exchange

Mailing Address 4487 Forbes Boulevard

City Lanham State MD Zip Code 20706

Purpose of Disbursement
Computer services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.23**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 Spring Hill Road, Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Donor database subscription

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.10**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RedPrint Strategy LLC

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Media consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB.6**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Wiley Rein LLP

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.14

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wiley Rein LLP

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.15

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Harper Polling

Mailing Address 121 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Polling

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.29

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Mike Shields

Mailing Address 1747 Pennsylvania Ave. NW
5th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Travel - see memo entries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.34

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.35

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Canaletto Restaurant

Mailing Address 3377 Las Vegas Blvd South

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.36

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30354

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.37

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 Spring Hill Road, Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Donor database subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.11

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Shields

Mailing Address 1747 Pennsylvania Ave. NW
5th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Travel - see memo entry

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.38

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4333 Amon Carter Boulevard

City Forth Worth State TX Zip Code 76155

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.39

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wiley Rein LLP

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.16

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. First National Bank

Mailing Address P.O. Box 2557

City Omaha State NE Zip Code 68103

Purpose of Disbursement
Credit card - see memo entry

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.24

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Microsoft

Mailing Address One Microsoft Way

City Redmond State WA Zip Code 98052

Purpose of Disbursement Computer services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 26 / 2016

Transaction ID : SB.25

Amount of Each Disbursement this Period: 76.14

Memo Item

Full Name (Last, First, Middle Initial)

B. RedPrint Strategy LLC

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement Media consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 04 / 2016

Transaction ID : SB.7

Amount of Each Disbursement this Period: 6051.12

Memo Item

Full Name (Last, First, Middle Initial)

C. Trinity Financial Reporting & Compliance

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement Accounting and compliance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 04 / 2016

Transaction ID : SB.17

Amount of Each Disbursement this Period: 3712.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9763.62

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Anne Schroeder Mullins & Co.

Mailing Address 4436 Yuma Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Communications consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Computer Exchange

Mailing Address 4487 Forbes Boulevard

City Lanham State MD Zip Code 20706

Purpose of Disbursement
Computer services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.27

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 Spring Hill Road, Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement
Donor database subscription

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.12

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Harper Polling

Mailing Address 121 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.30

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Trinity Financial Reporting & Compliance

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Accounting and compliance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.18

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Lilly & Company

Mailing Address 1005 Congress Avenue, Suite 910

City Austin State TX Zip Code 78701

Purpose of Disbursement
Fundraising consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB.5

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. RedPrint Strategy LLC

Mailing Address P.O. Box 710993

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Media consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. American Action Network

Mailing Address 1747 Pennsylvania Ave. NW
5th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution in kind - payroll/office space

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB.41

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Del Cielo Media LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount 999999.99 59075.00
City State Zip Code Alexandria VA 22301	Transaction ID : SB.42 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 24 / 2016
Purpose of Expenditure Media placement	Category/Type 004
Name of Federal Candidate Kevin Brady	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: TX
Calendar Year-To-Date Per Election for Office Sought 999999.99 59075.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Del Cielo Media LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
Mailing Address 1427 Leslie Avenue Suite 102	Amount 999999.99 50150.00
City State Zip Code Alexandria VA 22301	Transaction ID : SB.43 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 25 / 2016
Purpose of Expenditure Media placement	Category/Type 004
Name of Federal Candidate Kevin Brady	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: TX
Calendar Year-To-Date Per Election for Office Sought 999999.99 109225.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	999999.99 109225.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	999999.99
(c) TOTAL Independent Expenditures..... ▶	999999.99

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

Caleb Crosby [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee Targeted Victory		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 25 / 2016
Mailing Address 1033 North Fairfax Street Suite 400			Amount 30000.00
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB.44
Purpose of Expenditure Media placement and production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2016
Name of Federal Candidate Kevin Brady		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		139225.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SRCP Media		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 25 / 2016
Mailing Address 201 N. Union Street Suite 200			Amount 1699.00
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB.45
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 29 / 2016
Name of Federal Candidate Kevin Brady		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		140924.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31699.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Caleb Crosby

Signature _____ [Electronically Filed] Date MM / DD / YYYY 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Connection Strategy, LLC
Mailing Address
PO Box 2192
City
Arlington State
VA Zip Code
22202
Purpose of Expenditure
Phone calls Category/Type
004
Date of Public Distribution/Dissemination
02 / 25 / 2016
Amount
35000.00
Transaction ID : SB.46
Date of Disbursement or Obligation
02 / 26 / 2016
Name of Federal Candidate
Kevin Brady Support
Office Sought: House District: 08
State: TX
Calendar Year-To-Date
Per Election for Office Sought
175924.00
Disbursement For: Primary
2016

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Office Sought: House District:
State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For: Primary
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 175924.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Caleb Crosby [Electronically Filed] Date: 04 / 15 / 2016