24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BUCKEYE LEADERSHIP FUND	C C00790923
Check if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee MAIN STREET MEDIA GROUP	Date of Public Distribution/Dissemination
WAIN STREET WEDIA GROUP	04 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 25093	Amount
City State Zip Code	427711.00
ALEXANDRIA VA 22313	Transaction ID : SE24.1334
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
DOLAN, MATT, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disk 2022	pursement For: 🗶 Primary General
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	1
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
04.01.04. 104. 10 24.0	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	427711.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	427711.00
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.	
	04 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	