



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Senate 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"/>		11250383.87
(b) Cash on Hand at Beginning of Reporting Period.....	10643914.32	
(c) Total Receipts (from Line 19) .....	17997960.00	63961735.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28641874.32	75212118.87
7. Total Disbursements (from Line 31).....	26492645.41	73062889.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2149228.91	2149228.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:**

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

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

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**Senate Leadership Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y Y 10 / 19 / 2016

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6347550.00	50914300.00
(ii) Unitemized .....	410.00	760.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6347960.00	50915060.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	650000.00	2045000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6997960.00	52960060.00
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).....	0.00	1675.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	11000000.00	11000000.00
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)).....▶	17997960.00	63961735.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17997960.00	63961735.00

**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 .....	-8281679.19	5429551.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-8281679.19	5429551.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500000.00	19600000.00
24. Independent Expenditures (use Schedule E) .....	27274324.60	48033338.61
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	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 (Including Non-Federal Donations).....	0.00	0.00
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)) ..	26492645.41	73062889.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26492645.41	73062889.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6997960.00	52960060.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6997960.00	52960060.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-8281679.19	5429551.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1675.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-8281679.19	5427876.35

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

1. Unless otherwise noted, none of the expenditures reported are allocable to a candidate. 2. For all Ultimate Vendor Payee disbursements, any transaction below the itemization threshold in the aggregate will not appear as a memo entry

Form/Schedule:

Transaction ID:

**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 85
	<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)  
**Senate Leadership Fund**

**A. BRADY, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 CEDAR ST. PMP 333  
 City SANDPOINT State ID Zip Code 83864-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA11A.371**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**B. BRISTOW, RYLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O BOX 5005  
 City SEVERNA PARK State MD Zip Code 21146-0358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA11A.374**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. PINEY LAND COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 MAIN STREET SUITE 200  
 City BECKLEY State WV Zip Code 25801-4611  
 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 ▼ 25000.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : SA11A.373**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 27800.00  
**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 8 OF 85
	<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)  
**Senate Leadership Fund**

**A. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACCOUNT**

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

Mailing Address 8700 WEST BRYN MAWR AVENUE  
SUITE 1200S

City CHICAGO State IL Zip Code 60631-3512

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 ▼  
25000.00

Date of Receipt  
10 / 04 / 2016  
**Transaction ID : SA11A.372**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**B. KING, JAMES, D., MR.,**

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

Mailing Address 1033 SKOKIE BOULEVARD  
SUITE 660

City NORTHBROOK State IL Zip Code 60062-4107

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

Name of Employer (for Individual) Occupation (for Individual)  
FIVE CROWNS CAPITAL LLC REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 05 / 2016  
**Transaction ID : SA11A.378**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

**C. ROWE, JOHN, W., MR.,**

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

Mailing Address PO BOX 805398

City CHICAGO State IL Zip Code 60680-4183

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

Name of Employer (for Individual) Occupation (for Individual)  
EXELON CORPORATION CHAIRMAN EMERITUS

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
10 / 05 / 2016  
**Transaction ID : SA11A.377**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55000.00
<b>TOTAL</b> 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 9 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Senate Leadership Fund**

**A. MCGAHON, LINDA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 HURLINGHAM DRIVE  
 City GREENWICH State CT Zip Code 06831-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA11A.379**  
 Amount of Each Receipt this Period 500000.00  
 Memo Item  
**CONTRIBUTION**

**B. BOICH, WAYNE, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 SOUTH HIGH STREET SUITE 3750S  
 City COLUMBUS State OH Zip Code 43215-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOICH COMPANIES Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.386**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
**CONTRIBUTION**

**C. GONSOULIN, AL, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 MUIRFIELD WAY  
 City SUGAR LAND State TX Zip Code 77479-3966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHI, INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.397**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	560000.00
<b>TOTAL</b> 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 10 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. GUNN, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1651 WAVERLEY STREET  
 City PALO ALTO State CA Zip Code 94301-3644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DODGE & COX Occupation (for Individual) INVESTMENT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.385**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item CONTRIBUTION

**B. HITCHCOCK, FREDERICK, E., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9101 ALTA DRIVE SUITE 1702  
 City LAS VEGAS State NV Zip Code 89145-8545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HITCHCOCK AUTOMOTIVE RESOURCES Occupation (for Individual) AUTO DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.396**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. OBERNDORF, WILLIAM, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 WALNUT STREET  
 City SAN FRANCISCO State CA Zip Code 94118-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBERNDORF ENTERPRISES, LLC Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.384**  
 Amount of Each Receipt this Period 350000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75000.00
<b>TOTAL</b> 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 11 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. SCHAFFER, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 HAPPY ACRES RD.  
 City LOS GATOS State CA Zip Code 95032-5704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THOMAS FOGARTY M.D. Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.381**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**B. DATE MINING SERVICES**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 SOUTH MAIN SREET  
 City HARRISBURG State IL Zip Code 62946-3194  
 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 ▼ 13000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.390**  
 Amount of Each Receipt this Period 13000.00  
 Memo Item  
 CONTRIBUTION

**C. GLOBAL MINE SERVICE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 188  
 City FAYETTE CITY State PA Zip Code 15438-0188  
 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 ▼ 20000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.394**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34000.00
<b>TOTAL</b> 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 12 OF 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. IGT GLOBAL SOLUTIONS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 TECHNOLOGY WAY  
 City WEST GREENWICH State RI Zip Code 02817-1711  
 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 ▼ 10000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.395**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**B. MURRAY ENERGY CORPORATION**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46226 NATIONAL ROAD  
 City ST. CLAIRSVILLE State OH Zip Code 43950-8742  
 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 ▼ 47000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.391**  
 Amount of Each Receipt this Period 24000.00  
 Memo Item  
**CONTRIBUTION**

**C. MURRAY ENERGY CORPORATION**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46226 NATIONAL ROAD  
 City ST. CLAIRSVILLE State OH Zip Code 43950-8742  
 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 ▼ 47000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.392**  
 Amount of Each Receipt this Period 23000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57000.00  
**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 13 OF 85
	<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)  
**Senate Leadership Fund**

**A. NORTH AMERICAN DRILLERS**

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

Mailing Address 130 MEADOW RIDGE ROAD  
SUITE 22

City MT. MORRIS State PA Zip Code 15349-9351

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 ▼  
6250.00

Date of Receipt  
10 / 07 / 2016

**Transaction ID : SA11A.393**

Amount of Each Receipt this Period  
6250.00

Memo Item  
CONTRIBUTION

**B. RESCHINI AGENCY, INC.**

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

Mailing Address P.O. BOX 449

City INDIANA State PA Zip Code 15701-0449

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 ▼  
16000.00

Date of Receipt  
10 / 07 / 2016

**Transaction ID : SA11A.389**

Amount of Each Receipt this Period  
16000.00

Memo Item  
CONTRIBUTION

**C. SWANSON INDUSTRIES**

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

Mailing Address 2608 SMITHTOWN ROAD

City MORGANTOWN State WV Zip Code 26508-2494

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 ▼  
20000.00

Date of Receipt  
10 / 07 / 2016

**Transaction ID : SA11A.387**

Amount of Each Receipt this Period  
10000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32250.00
<b>TOTAL</b> 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 14 OF 85
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. SWANSON INDUSTRIES**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2608 SMITHTOWN ROAD  
 City MORGANTOWN State WV Zip Code 26508-2494  
 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 ▼ 20000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : SA11A.388**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**B. HADDRILL, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6601 BERMUDA ROAD  
 City LAS VEGAS State NV Zip Code 89119-3605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SCIENTIFIC GAMES EXECUTIVE VICE CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 08 / 2016  
**Transaction ID : SA11A.383**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**C. SPANOS, ALEX, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10100 TRINITY PARKWAY 5TH FLOOR  
 City STOCKTON State CA Zip Code 95219-7242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 A.G. SPANOS COMPANIES FOUNDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.399**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120000.00
<b>TOTAL</b> 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 15 OF 85  
(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)  
**Senate Leadership Fund**

**A. ROWLING, ROBERT, B., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 MAPLE AVENUE  
SUITE 600

City DALLAS State TX Zip Code 75219-3241

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

Name of Employer (for Individual) TRT HOLDINGS Occupation (for Individual) INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA11A.403**

Amount of Each Receipt this Period 250000.00

Memo Item CONTRIBUTION

**B. TRT HOLDINGS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 MAPLE AVENUE  
SUITE 600

City DALLAS State TX Zip Code 75219-

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 ▼ 250000.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : SA11A.404**

Amount of Each Receipt this Period 250000.00

Memo Item CONTRIBUTION

**C. COHEN, STEVEN, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 CROWN LANE

City GREENWICH State CT Zip Code 06831-3102

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

Name of Employer (for Individual) SAC CAPITAL ADVISORS Occupation (for Individual) FOUNDER

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA11A.407**

Amount of Each Receipt this Period 250000.00

Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750000.00

**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 16 OF 85
	<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)  
**Senate Leadership Fund**

**A. THE ANSCHUTZ CORPORATION**

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

Mailing Address 555 17TH STREET  
SUITE 2400

City DENVER State CO Zip Code 80202-3941

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 ▼  
250000.00

Date of Receipt  
10 / 13 / 2016

**Transaction ID : SA11A.408**

Amount of Each Receipt this Period  
250000.00

Memo Item  
CONTRIBUTION

**B. CALANDRA, FRANK, , MR., JR**

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

Mailing Address 258 KAPPA DRIVE

City PITTSBURGH State PA Zip Code 15238-2818

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

Name of Employer (for Individual) Occupation (for Individual)  
JENNMAR PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
38000.00

Date of Receipt  
10 / 14 / 2016

**Transaction ID : SA11A.413**

Amount of Each Receipt this Period  
38000.00

Memo Item  
CONTRIBUTION

**C. OBERNDORF, WILLIAM, E., MR.,**

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

Mailing Address 101 WALNUT STREET

City SAN FRANCISCO State CA Zip Code 94118-2031

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

Name of Employer (for Individual) Occupation (for Individual)  
OBERNDORF ENTERPRISES, LLC EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850000.00

Date of Receipt  
10 / 14 / 2016

**Transaction ID : SA11A.411**

Amount of Each Receipt this Period  
400000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	688000.00
<b>TOTAL</b> 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 17 OF 85
	<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)  
**Senate Leadership Fund**

**A. TAUBMAN, NICK, F., AMBASSADOR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2818 AVENHAM AVENUE

City ROANOKE	State VA	Zip Code 24014-1529
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11A.412**

Amount of Each Receipt this Period  
100000.00

Memo Item  
CONTRIBUTION

**B. VLOCK, MICHAEL, K., MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 984 MAIN STREET

City BRANFORD	State CT	Zip Code 06405-3730
------------------	-------------	------------------------

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

Name of Employer (for Individual) CRITTALL WINDOWS, LTD.	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11A.415**

Amount of Each Receipt this Period  
500000.00

Memo Item  
CONTRIBUTION

**C. STEPHENS, INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 CENTER STREET  
SUITE 200

City LITTLE ROCK	State AR	Zip Code 72201-4404
---------------------	-------------	------------------------

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 ▼  
500000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11A.414**

Amount of Each Receipt this Period  
500000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100000.00
<b>TOTAL</b> 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 18 OF 85
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. NEWMAN, JERROLD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 EAST 86TH STREET, #15F  
 City NEW YORK State NY Zip Code 10028-0553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLOWRIDGE PARTNERS Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA11A.419**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION

**B. CHILDS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 SAGO PALM ROAD  
 City VERO BEACH State FL Zip Code 32963-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JW CHILDS AND ASSOCIATES, L.P. Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.423**  
 Amount of Each Receipt this Period 500000.00  
 Memo Item  
 CONTRIBUTION

**C. COLLINS, RICHARD, H., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8150 N CENTRAL EXPRESSWAY SUITE 2000  
 City DALLAS State TX Zip Code 75206-1872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) R. COLLINS ENTERPRISES, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.427**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	528000.00
<b>TOTAL</b> 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 19 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. FERTITTA, FRANK, J., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 S. PAVILION CENTER DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RED ROCK RESORTS Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.425**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

**B. FERTITTA, LORENZO, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 S. PAVILION CENTER DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ZUFFA Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.426**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

**C. FOX, SAM, , AMBASSADOR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7701 FORSYTH BLVD  
 City SAINT LOUIS State MO Zip Code 63105-1818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE HARBOUR GROUP Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.428**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750000.00
<b>TOTAL</b> 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 20 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. STUART, ALEXANDER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 150 N FIELD DRIVE  
 SUITE 100  
 City LAKE FOREST State IL Zip Code 60045-2583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH STAR INVESTMENTS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.424**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**B. MCCREERY COAL LAND COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 MAIN STREET  
 SUITE 200  
 City BECKLEY State WV Zip Code 25801-4611  
 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 ▼ 5000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.429**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. HUBBARD, ALLAN, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 SUNSET LANE  
 City INDIANAPOLIS State IN Zip Code 46228-1446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) E&A INDUSTRIES Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.433**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> 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 21 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Senate Leadership Fund**

**A. MUNSCH, ALMA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5761 QUICKSILVER CIRCLE  
 City LAS VEGAS State NV Zip Code 89110-1711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISABLED Occupation (for Individual) ADMINISTRATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.430**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. SCHWARZMAN, STEPHEN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 PARK AVENUE 44TH FLOOR  
 City NEW YORK State NY Zip Code 10154-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLACKSTONE Occupation (for Individual) CHAIRMAN, CEO, & FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.432**  
 Amount of Each Receipt this Period 370000.00  
 Memo Item CONTRIBUTION

**C. DUHAMEL, WILLIAM, F., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3881 CLAY STREET  
 City SAN FRANCISCO State CA Zip Code 94118-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROUTE ONE PARTNERS Occupation (for Individual) INVESTMENT MANAGEMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.437**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420500.00
<b>TOTAL</b> 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 22 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. GOODWIN, ALICE, T., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 EAST CANAL STREET  
 SUITE 1900  
 City RICHMOND State VA Zip Code 23219-3955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.441**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**B. GOODWIN, WILLIAM, H., MR., JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 EAST CANAL STREET  
 SUITE 1900  
 City RICHMOND State VA Zip Code 23219-3955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.440**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**C. KANEB, JOHN, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 KIMBALL LANE  
 City LYNNFIELD State MA Zip Code 01940-2682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **THE CATAMOUNT CORPORATION** Occupation (for Individual) **CHAIRMAN**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.434**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150000.00
<b>TOTAL</b> 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 23 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. REYNOLDS, ROBERT, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 GARFIELD ROAD  
 City CONCORD State MA Zip Code 01742-4905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PUTNAM INVESTMENTS Occupation (for Individual) MONEY MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.436**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. ROBERTSON, JULIAN, H., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 PARK AVENUE 48TH FLOOR  
 City NEW YORK State NY Zip Code 10178-4799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TIGER MANAGEMENT Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.442**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**C. STERN, MARC, I., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23700 MALIBU COLONY ROAD  
 City MALIBU State CA Zip Code 90265-6629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE TCW GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.438**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210000.00
<b>TOTAL</b> 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 24 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Senate Leadership Fund**

**A. STERN, MARC, I., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23700 MALIBU COLONY ROAD  
 City MALIBU State CA Zip Code 90265-6629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE TCW GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.439**  
 Amount of Each Receipt this Period 90000.00  
 Memo Item CONTRIBUTION

**B. MISCHER INVESTMENTS, L.P.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 GREENWAY PLAZA SUITE 2900  
 City HOUSTON State TX Zip Code 77046-0923  
 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 ▼ 25000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.435**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. NAVAB OPERATING LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 730 5TH AVENUE FLOOR 8  
 City NEW YORK State NY Zip Code 10019-4105  
 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 ▼ 250000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.443**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365000.00
<b>TOTAL</b> This Period (last page this line number only).....	6347550.00



**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 25 OF 85
<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)  
**Senate Leadership Fund**

**A. AMERICAN CROSSROADS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 34413

City WASHINGTON	State DC	Zip Code 20043
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00487363

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		04		2016

**Transaction ID : SA11C.788**

Amount of Each Receipt this Period  
600000.00

Memo Item  
CONTRIBUTION

**B. LIBERTY 2.0**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 15 W. 6TH STREET SUITE 2507

City TULSA	State OK	Zip Code 74119-5431
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00572917

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		06		2016

**Transaction ID : SA11C.380**

Amount of Each Receipt this Period  
50000.00

Memo Item  
CONTRIBUTION

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650000.00
<b>TOTAL</b> This Period (last page this line number only).....	650000.00

**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 26 OF 85
<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)  
**Senate Leadership Fund**

**A. ONE NATION**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 45 NORTH HILL DRIVE SUITE 100

City WARRENTON	State VA	Zip Code 20186
-------------------	-------------	-------------------

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 ▼  
11000000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		11		2016

**Transaction ID : SA17.789**

Amount of Each Receipt this Period  
11000000.00

Memo Item  
**CONTRIBUTION**

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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000000.00
<b>TOTAL</b> This Period (last page this line number only).....	11000000.00

**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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I867**

Amount of Each Disbursement this Period

[ ] 433.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. WIDGETMAKR**

Mailing Address 153 SPRING HILL ROAD, STE 400

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I896**

Amount of Each Disbursement this Period

[ ] 75.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAIN STREET MEDIA**

Mailing Address P.O. BOX 25093

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.04**

Amount of Each Disbursement this Period

[ ] -2002525.50

Memo Item

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

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

[ ] -2002016.55

[ ]

**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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. MAIN STREET MEDIA**

Mailing Address P.O. BOX 25093

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.05**

Amount of Each Disbursement this Period

[ ] -368756.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAIN STREET MEDIA**

Mailing Address P.O. BOX 25093

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.06**

Amount of Each Disbursement this Period

[ ] -1065193.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. MAIN STREET MEDIA**

Mailing Address P.O. BOX 25093

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.07**

Amount of Each Disbursement this Period

[ ] -111414.65

Memo Item

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

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

[ ] -1545364.46

[ ]

**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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. MAIN STREET MEDIA**

Mailing Address P.O. BOX 25093

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.08**

Amount of Each Disbursement this Period

[ ] -1900564.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. MAIN STREET MEDIA**

Mailing Address P.O. BOX 25093

City  
ALEXANDRIA

State  
VA

Zip Code  
22313

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.09**

Amount of Each Disbursement this Period

[ ] -189796.37

Memo Item

Full Name (Last, First, Middle Initial)

**C. MENTZER MEDIA SERVICES INC**

Mailing Address 600 FAIRMOUNT AVE  
STE 306

City  
TOWSON

State  
MD

Zip Code  
21286

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2016			

FEC Identification Number

C [ ]

**Transaction ID : E.01**

Amount of Each Disbursement this Period

[ ] -939322.56

Memo Item

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

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

[ ] -3029683.63

[ ]

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. MENTZER MEDIA SERVICES INC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 600 FAIRMOUNT AVE STE 306		FEC Identification Number C [ ] <b>Transaction ID : E.02</b> Amount of Each Disbursement this Period -1752660.72
City TOWSON	State MD	Zip Code 21286
Purpose of Disbursement SEE SCHEDULE E		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MENTZER MEDIA SERVICES INC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 600 FAIRMOUNT AVE STE 306		FEC Identification Number C [ ] <b>Transaction ID : E.03</b> Amount of Each Disbursement this Period -1471558.88
City TOWSON	State MD	Zip Code 21286
Purpose of Disbursement SEE SCHEDULE E		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 3180 18TH ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I891</b> Amount of Each Disbursement this Period 1540.60
City SAN FRANCISCO	State CA	Zip Code 94110
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

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

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

-3222679.00
[ ]

**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"/> 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)  
**Senate Leadership Fund**

**A. AMERICAN EXPRESS - FEES**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 36001

City FORT LAUDERDALE State FL Zip Code 33336

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I868

Amount of Each Disbursement this Period: 20.00

Memo Item

**B. AMERICA RISING LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1555 WILSON BLVD, STE 307

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement CONSULTING RESEARCH

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I865

Amount of Each Disbursement this Period: 57500.00

Memo Item

**C. ARCHIMEDIA**

Full Name (Last, First, Middle Initial)  
Mailing Address 45 NORTH HILL DR, STE 100

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I872

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 62520.00

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. BLACK ROCK GROUP LLC**

Mailing Address **66 CANAL CENTER PLAZA, STE 555**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
**CONSULTING, ADVOCACY**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: **10 / 06 / 2016**

FEC Identification Number: **C**

**Transaction ID : SB21B.I873**

Amount of Each Disbursement this Period: **4165.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CFC CONSULTING INC**

Mailing Address **4100 OLD FLORIDA SHORT ROUTE**

City **MOUNTAIN BROOK** State **AL** Zip Code **35243**

Purpose of Disbursement  
**BOOKKEEPING / COMPLIANCE**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: **10 / 06 / 2016**

FEC Identification Number: **C**

**Transaction ID : SB21B.I875**

Amount of Each Disbursement this Period: **2000.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CONNECTION STRATEGY**

Mailing Address **P.O. BOX 2192**

City **ARLINGTON** State **VA** Zip Code **22202**

Purpose of Disbursement  
**PHONES**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement: **10 / 06 / 2016**

FEC Identification Number: **C**

**Transaction ID : SB21B.I876**

Amount of Each Disbursement this Period: **750.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **6915.00**

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. CONSTON COMMUNICATIONS LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 1758 U STREET NW, UNIT 3		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I877</b> Amount of Each Disbursement this Period [ ] 2625.00
City WASHINGTON	State DC	Zip Code 20009
Purpose of Disbursement CONSULTING, COMMUNICATIONS		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GS STRATEGY GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 702 W IDAHO STE, STE 700		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I880</b> Amount of Each Disbursement this Period [ ] 3300.00
City BOISE	State ID	Zip Code 83702
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PUBLIC OPINION STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I883</b> Amount of Each Disbursement this Period [ ] 126250.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement POLLING		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 132175.00
<b>TOTAL</b> 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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. RED OAK STRATEGIC LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address P.O. BOX 2561		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I885</b> Amount of Each Disbursement this Period 4476.36
City ALEXANDRIA	State VA	Zip Code 22301
Purpose of Disbursement CONSULTING, ADVOCACY		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. RIVERWOOD STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 439 E SHORE DRIVE, STE 100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I886</b> Amount of Each Disbursement this Period 2500.00
City EAGLE	State ID	Zip Code 83616
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ROCK CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 5382 MEADOWBROOK ROAD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I887</b> Amount of Each Disbursement this Period 1087.50
City BIRMINGHAM	State AL	Zip Code 35242
Purpose of Disbursement BOOKKEEPING / COMPLIANCE		Category/ Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8063.86
<b>TOTAL</b> 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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ROCK CONSULTING LLC**

Mailing Address 5382 MEADOWBROOK ROAD

City  
BIRMINGHAM

State  
AL

Zip Code  
35242

Purpose of Disbursement  
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I888**

Amount of Each Disbursement this Period

[ ] 141.18

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUND IDEAS PRODUCTION GROUP INC**

Mailing Address 1500 PRECISION DRIVE, STE 130

City  
PLANO

State  
TX

Zip Code  
75074

Purpose of Disbursement  
AUDIO VISUAL / SOUND

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I890**

Amount of Each Disbursement this Period

[ ] 1305.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE TARRANCE GROUP**

Mailing Address 201 N UNION ST, STE 410

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I893**

Amount of Each Disbursement this Period

[ ] 54402.34

Memo Item

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

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

[ ] 55848.52

[ ]



**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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C

**Transaction ID : SB21B.I870**

Amount of Each Disbursement this Period

1734.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. BAUHOUS MEDIA GROUP INC**

Mailing Address 1212 E EUCLID AVENUE

City  
SAN ANTONIO

State  
TX

Zip Code  
78212

Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2016			

FEC Identification Number

C

**Transaction ID : E.10**

Amount of Each Disbursement this Period

-29709.21

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX CORPORATION**

Mailing Address 101 CONSTITUTION AVE, STE 801E

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2016			

FEC Identification Number

C

**Transaction ID : SB21B.I878**

Amount of Each Disbursement this Period

1962.90

Memo Item

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

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

-26012.01

**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"/> 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)  
**Senate Leadership Fund**

**A. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I866**

Amount of Each Disbursement this Period: 10528.82

Memo Item

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4333 AMON CARTER BLVD.

City FT. 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) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I899**

Amount of Each Disbursement this Period: 521.81

Memo Item

**C. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 4333 AMON CARTER BLVD.

City FT. 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) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.I900**

Amount of Each Disbursement this Period: 872.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10528.82

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN AIRLINES**

Date of Disbursement:  /  /

Mailing Address: 4333 AMON CARTER BLVD.

City: FT. WORTH      State: TX      Zip Code: 76155

Purpose of Disbursement: AIRFARE

Candidate Name: \_\_\_\_\_

Office Sought:  House      Disbursement For:  Primary       General  
 Senate  
 President       Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : SB21B.I901**  
 Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BOOKS A MILLION**

Date of Disbursement:  /  /

Mailing Address: 402 INDUSTRIAL LANE

City: BIRMINGHAM      State: AL      Zip Code: 35211

Purpose of Disbursement: BOOKS

Candidate Name: \_\_\_\_\_

Office Sought:  House      Disbursement For:  Primary       General  
 Senate  
 President       Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : SB21B.I902**  
 Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. BROOK FURNITURE RENTAL INC**

Date of Disbursement:  /  /

Mailing Address: 100 FIELD DRIVE, STE 200

City: LAKE FOREST      State: IL      Zip Code: 60045

Purpose of Disbursement: OFFICE FURNITURE RENTAL

Candidate Name: \_\_\_\_\_

Office Sought:  House      Disbursement For:  Primary       General  
 Senate  
 President       Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : SB21B.I903**  
 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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CAREY**

Mailing Address 4530 WISCONSIN AVENUE

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I905**

Amount of Each Disbursement this Period

[ ] 585.33 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE 400

City  
TYSONS CORNER

State  
VA

Zip Code  
22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I906**

Amount of Each Disbursement this Period

[ ] 375.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. COASTAL PENSION SERVICES**

Mailing Address 7230 LEE DEFOREST DRIVE, STE 102

City  
COLUMBIA

State  
MD

Zip Code  
21046

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I907**

Amount of Each Disbursement this Period

[ ] 120.94 [ ]

Memo Item

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

[ ] 0.00 [ ]

**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"/> 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)  
**Senate Leadership Fund**

**A. COMCAST**

Full Name (Last, First, Middle Initial)  
Mailing Address 900 MICHIGAN AVE NW

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement  
UTILITIES - INTERNET

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.I909  
Amount of Each Disbursement this Period: 46.21

Memo Item

**B. CONFERENCE AMERICA**

Full Name (Last, First, Middle Initial)  
Mailing Address 7079 UNIVERSITY CT

City MONTGOMERY State AL Zip Code 36117

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.I910  
Amount of Each Disbursement this Period: 200.23

Memo Item

**C. FEDEX**

Full Name (Last, First, Middle Initial)  
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.I913  
Amount of Each Disbursement this Period: 2308.02

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. LAZ PARKING**

Mailing Address 1615 L ST NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement PARKING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I920

Amount of Each Disbursement this Period: 127.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. LEXIS-NEXIS**

Mailing Address 9393 SPRINGBORO PIKE

City MIAMISBURG State OH Zip Code 45342

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I921

Amount of Each Disbursement this Period: 695.09

Memo Item

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

Mailing Address 50 COMMERCE WAY

City NORTON State MA Zip Code 02766

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I922

Amount of Each Disbursement this Period: 39.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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)  
**Senate Leadership Fund**

**A. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I929

Amount of Each Disbursement this Period: 286.98

Memo Item

**B. THE STONELEIGH HOTEL**

Full Name (Last, First, Middle Initial)  
Mailing Address 2927 MAPLE AVE

City DALLAS State TX Zip Code 75201

Purpose of Disbursement LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I932

Amount of Each Disbursement this Period: 458.74

Memo Item

**C. UNITED AIRLINES**

Full Name (Last, First, Middle Initial)  
Mailing Address 233 S WACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I933

Amount of Each Disbursement this Period: 138.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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"/> 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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address TWO VERIZON PLACE

City ALPHARETTA State GA Zip Code 30004

Purpose of Disbursement  
CELL PHONES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I936

Amount of Each Disbursement this Period

[REDACTED] 273.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. VICEROY**

Mailing Address 120 WEST 57TH STREET

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I937

Amount of Each Disbursement this Period

[REDACTED] 823.97

Memo Item

Full Name (Last, First, Middle Initial)

**C. VIRGIN AMERICA**

Mailing Address 555 AIRPORT BLVD

City BURLINGAME State CA Zip Code 94010

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I938

Amount of Each Disbursement this Period

[REDACTED] 213.10

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

**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"/> 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)  
**Senate Leadership Fund**

**A. RUNSWITCH LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 9300 SHELBYVILLE ROAD, STE 1005

City LOUISVILLE State KY Zip Code 40222

Purpose of Disbursement CONSULTING, MEDIA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I889

Amount of Each Disbursement this Period: 3300.00

Memo Item

**B. BMO CONSULTING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I874

Amount of Each Disbursement this Period: 1462.50

Memo Item

**C. FEDEX CORPORATION**

Full Name (Last, First, Middle Initial)

Mailing Address 101 CONSTITUTION AVE, STE 801E

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I879

Amount of Each Disbursement this Period: 1166.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5928.50

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. GS STRATEGY GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 702 W IDAHO STE, STE 700		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I881</b> Amount of Each Disbursement this Period [ ] 79685.00
City BOISE	State ID	Zip Code 83702
Purpose of Disbursement POLLING		Category/Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. HIGHWOOD CAPITAL LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 915 E STREET NW, #613		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I882</b> Amount of Each Disbursement this Period [ ] 1875.00
City WASHINGTON	State ID DC	Zip Code 20004
Purpose of Disbursement DONOR DEVELOPMENT		Category/Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PUBLIC OPINION STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 214 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I884</b> Amount of Each Disbursement this Period [ ] 191364.37
City ALEXANDRIA	State ID VA	Zip Code 22314
Purpose of Disbursement POLLING		Category/Type [ ]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 272924.37
<b>TOTAL</b> 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"/> 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)  
**Senate Leadership Fund**

**A. TARGETED VICTORY**

Full Name (Last, First, Middle Initial)

Mailing Address 1033 NORTH FAIRFAX ST, STE 400  
SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEBSITE HOSTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I892

Amount of Each Disbursement this Period: 750.00

Memo Item

**B. THE TARRANCE GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 201 N UNION ST, STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement POLLING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I894

Amount of Each Disbursement this Period: 53293.70

Memo Item

**C. WIDGETMAKR**

Full Name (Last, First, Middle Initial)

Mailing Address 153 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.I898

Amount of Each Disbursement this Period: 28.59

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 54072.29

**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"/> 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)  
**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS - FEES**

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I871**

Amount of Each Disbursement this Period

86.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. MENTZER MEDIA SERVICES INC**

Mailing Address 210 W. PENNSYLVANIA AVE, STE 250

City  
TOWSON

State  
MD

Zip Code  
21204

Purpose of Disbursement  
TV/MEDIA PLACEMENT / RADIO PLACEMENT DEPOSIT

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I863**

Amount of Each Disbursement this Period

366625.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MENTZER MEDIA SERVICES INC**

Mailing Address 210 W. PENNSYLVANIA AVE, STE 250

City  
TOWSON

State  
MD

Zip Code  
21204

Purpose of Disbursement  
TV/MEDIA PLACEMENT / RADIO PLACEMENT DEPOSIT

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

**C**

**Transaction ID : SB21B.I864**

Amount of Each Disbursement this Period

546875.00

Memo Item

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

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

913586.85

-8281679.19

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**Senate Leadership Fund**

**A. GRANITE STATE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 373 S WILLOW ST #420

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB23.I860

Amount of Each Disbursement this Period: 2500000.00

Memo Item

**B. GRANITE STATE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 373 S WILLOW ST #420

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB23.I861

Amount of Each Disbursement this Period: 2200000.00

Memo Item

**C. GRANITE STATE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 373 S WILLOW ST #420

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB23.I862

Amount of Each Disbursement this Period: 2800000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500000.00

**TOTAL** This Period (last page this line number only)..... ▶ 7500000.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>			
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">365000.00</div> <b>Transaction ID : SE24.827</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City <b>SALT LAKE CITY</b></td> <td style="width:17%; padding: 2px;">State <b>UT</b></td> <td style="width:50%; padding: 2px;">Zip Code <b>84104</b></td> </tr> </table>		City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84104</b>
City <b>SALT LAKE CITY</b>		State <b>UT</b>	Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/05/2016</b>				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>MCGINTY, KATHLEEN, ALANA, ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <b>PA</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">9084685.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>			
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">231666.00</div> <b>Transaction ID : SE24.833</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City <b>SALT LAKE CITY</b></td> <td style="width:17%; padding: 2px;">State <b>UT</b></td> <td style="width:50%; padding: 2px;">Zip Code <b>84104</b></td> </tr> </table>		City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84104</b>
City <b>SALT LAKE CITY</b>		State <b>UT</b>	Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/05/2016</b>				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>KANDER, JASON, , ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <b>MO</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">6026485.80</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">596666.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">18</span> / <span style="font-size: 1.2em;">2016</span> </div>			
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">365000.00</div> Transaction ID : <b>SE24.821</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">18</span> / <span style="font-size: 1.2em;">2016</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City <b>SALT LAKE CITY</b></td> <td style="width:17%; padding: 2px;">State <b>UT</b></td> <td style="width:50%; padding: 2px;">Zip Code <b>84104</b></td> </tr> </table>		City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84104</b>
City <b>SALT LAKE CITY</b>		State <b>UT</b>	Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/19/2016</b>				
Name of Federal Candidate: <input type="checkbox"/> Support <b>MCGINTY, KATHLEEN, ALANA, ,</b> <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9084685.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA ONLINE</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">18</span> / <span style="font-size: 1.2em;">2016</span> </div>			
Mailing Address <b>1780 SEQUOIA VISTA CIRCLE</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">231666.00</div> Transaction ID : <b>SE24.823</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">18</span> / <span style="font-size: 1.2em;">2016</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City <b>SALT LAKE CITY</b></td> <td style="width:17%; padding: 2px;">State <b>UT</b></td> <td style="width:50%; padding: 2px;">Zip Code <b>84104</b></td> </tr> </table>		City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84104</b>
City <b>SALT LAKE CITY</b>		State <b>UT</b>	Zip Code <b>84104</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/19/2016</b>				
Name of Federal Candidate: <input type="checkbox"/> Support <b>KANDER, JASON, , ,</b> <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6026485.80</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">596666.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

  /  /    
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAVALRY, LLC</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">10 / 11 / 2016</span>
Mailing Address <b>1634 EYE ST NW STE 800</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">295000.00</div> <b>Transaction ID : SE24.793</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">10 / 11 / 2016</span>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 10/12/2016</b> Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>ROSS, DEBORAH, K, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">6852920.59</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">10 / 04 / 2016</span>
Mailing Address <b>1911 N. FORT MYER DRIVE STE 400</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div> <b>Transaction ID : SE24.832</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">10 / 04 / 2016</span>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22209</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - FILED ON 10/05/2016</b> Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: <b>MURPHY, PATRICK, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">8633863.85</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">295150.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00571703             </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12410.67</div>
City ARLINGTON State VA Zip Code 22209	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/05/2016 Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">9084685.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2823.98</div>
City ARLINGTON State VA Zip Code 22209	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/05/2016 Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">9084685.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15234.65</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> </div>

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CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report     48-hour report     New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016						
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <span style="border: 1px solid black; padding: 2px;">12824.54</span> <b>Transaction ID : SE24.845</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ARLINGTON</td> <td>VA</td> <td>22209</td> </tr> </table>		City	State	Zip Code	ARLINGTON	VA	22209
City		State	Zip Code				
ARLINGTON	VA	22209					
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/07/2016							
Name of Federal Candidate: <input type="checkbox"/> Support BAYH, EVAN, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6993530.26</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016						
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <span style="border: 1px solid black; padding: 2px;">2797.41</span> <b>Transaction ID : SE24.846</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>ARLINGTON</td> <td>VA</td> <td>22209</td> </tr> </table>		City	State	Zip Code	ARLINGTON	VA	22209
City		State	Zip Code				
ARLINGTON	VA	22209					
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/07/2016							
Name of Federal Candidate: <input type="checkbox"/> Support BAYH, EVAN, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6993530.26</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">15621.95</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

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

Full Name of Payee
DMM MEDIA
Mailing Address
1911 N. FORT MYER DRIVE
STE 400
City
ARLINGTON
State
VA
Zip Code
22209
Purpose of Expenditure
TV/MEDIA PRODUCTION - FILED ON 10/07/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 07 / 2016
Amount
12487.53
Transaction ID : SE24.847
Date of Disbursement or Obligation
10 / 07 / 2016

Name of Federal Candidate:
MURPHY, PATRICK, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: FL
Calendar Year-To-Date
Per Election for Office Sought
8633863.85
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
DMM MEDIA
Mailing Address
1911 N. FORT MYER DRIVE
STE 400
City
ARLINGTON
State
VA
Zip Code
22209
Purpose of Expenditure
RADIO PRODUCTION - FILED ON 10/07/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 07 / 2016
Amount
2737.88
Transaction ID : SE24.848
Date of Disbursement or Obligation
10 / 07 / 2016

Name of Federal Candidate:
MURPHY, PATRICK, ,
Support
Oppose
Office Sought:
House
Senate
District:
State: FL
Calendar Year-To-Date
Per Election for Office Sought
8633863.85
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 15225.41
(a) SUBTOTAL of Unitemized Independent Expenditures .....
(a) 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.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">2016</span> </div>						
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2809.46</div> Transaction ID : <b>SE24.849</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">2016</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ARLINGTON</td> <td>VA</td> <td>22209</td> </tr> </table>		City	State	Zip Code	ARLINGTON	VA	22209
City		State	Zip Code				
ARLINGTON	VA	22209					
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/07/2016							
Name of Federal Candidate: <input type="checkbox"/> Support MURPHY, PATRICK, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; float: right;">8633863.85</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">11</span> / <span style="font-size: 1.2em;">2016</span> </div>						
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13479.78</div> Transaction ID : <b>SE24.791</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">10</span> / <span style="font-size: 1.2em;">11</span> / <span style="font-size: 1.2em;">2016</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ARLINGTON</td> <td>VA</td> <td>22209</td> </tr> </table>		City	State	Zip Code	ARLINGTON	VA	22209
City		State	Zip Code				
ARLINGTON	VA	22209					
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/12/2016							
Name of Federal Candidate: <input type="checkbox"/> Support MCGINTY, KATHLEEN, ALANA, , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>						
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; float: right;">9084685.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;">16289.24</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>

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CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

  /  /    
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <input type="text"/>
City ARLINGTON State VA Zip Code 22209	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/12/2016	Transaction ID : <b>SE24.804</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9084685.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <input type="text"/>
City ARLINGTON State VA Zip Code 22209	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/16/2016	Transaction ID : <b>SE24.808</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: BAYH, EVAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6993530.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 15812.29
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

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CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2016						
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2842.23</div> Transaction ID : <b>SE24.809</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ARLINGTON</td> <td>VA</td> <td>22209</td> </tr> </table>		City	State	Zip Code	ARLINGTON	VA	22209
City		State	Zip Code				
ARLINGTON	VA	22209					
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/16/2016							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: IN						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">6993530.26</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016						
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12895.89</div> Transaction ID : <b>SE24.819</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>ARLINGTON</td> <td>VA</td> <td>22209</td> </tr> </table>		City	State	Zip Code	ARLINGTON	VA	22209
City		State	Zip Code				
ARLINGTON	VA	22209					
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/19/2016							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MCGINTY, KATHLEEN, ALANA, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: PA						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">9084685.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">15738.12</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report     48-hour report     New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>DMM MEDIA</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016
Mailing Address 1911 N. FORT MYER DRIVE STE 400	Amount <span style="border: 1px solid black; padding: 2px;">2865.42</span> <b>Transaction ID : SE24.820</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016
City ARLINGTON    State VA    Zip Code 22209	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/19/2016    Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9084685.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016
Mailing Address P.O. BOX 25093	Amount <span style="border: 1px solid black; padding: 2px;">321175.00</span> <b>Transaction ID : SE24.795</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016
City ALEXANDRIA    State VA    Zip Code 22313	
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/12/2016    Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">8163277.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">324040.42</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

CROSBY, CALEB, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. BOX 25093			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.838</b>		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/12/2016		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. BOX 25093			Amount <input type="text"/>		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.839</b>		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/12/2016		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

CROSBY, CALEB, ,

*[Electronically Filed]*

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 11 / 2016</span>
Mailing Address <b>P.O. BOX 25093</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1897536.15</span> </div>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22313</b>	Transaction ID : <b>SE24.840</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 06 / 2016</span>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - FILED ON 10/12/2016</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
Name of Federal Candidate: <b>MURPHY, PATRICK, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">8633863.85</span> </div>		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 11 / 2016</span>
Mailing Address <b>P.O. BOX 25093</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">961408.30</span> </div>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22313</b>	Transaction ID : <b>SE24.842</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 06 / 2016</span>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - FILED ON 10/12/2016</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">8163277.00</span> </div>		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">2858944.45</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>

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CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 25093		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/12/2016		Category/Type <input type="text"/>
Name of Federal Candidate: HECK, JOE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8163277.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 25093		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/12/2016		Category/Type <input type="text"/>
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 8163277.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 222088.28
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

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.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 18 / 2016</span>		
Mailing Address <b>P.O. BOX 25093</b>			Amount <span style="font-size: 1.2em;">1808167.15</span>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	<b>Transaction ID : SE24.813</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 14 / 2016</span>		
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - FILED ON 10/19/2016</b>			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>		
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> 8163277.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 18 / 2016</span>		
Mailing Address <b>P.O. BOX 25093</b>			Amount <span style="font-size: 1.2em;">111414.65</span>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	<b>Transaction ID : SE24.814</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 14 / 2016</span>		
Purpose of Expenditure <b>RADIO PLACEMENT - FILED ON 10/19/2016</b>			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>		
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> 8163277.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> 1919581.80
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>

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CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
--	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      10 / 18 / 2016                 </div>			
Mailing Address P.O. BOX 25093	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      1911017.08                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City ALEXANDRIA</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22313</td> </tr> </table>		City ALEXANDRIA	State VA	Zip Code 22313
City ALEXANDRIA		State VA	Zip Code 22313	
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/19/2016				
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: PA			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      9084685.50                 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      10 / 18 / 2016                 </div>			
Mailing Address P.O. BOX 25093	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      189796.37                 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City ALEXANDRIA</td> <td style="width:17%; padding: 2px;">State VA</td> <td style="width:50%; padding: 2px;">Zip Code 22313</td> </tr> </table>		City ALEXANDRIA	State VA	Zip Code 22313
City ALEXANDRIA		State VA	Zip Code 22313	
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/19/2016				
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: PA			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      9084685.50                 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      2100813.45                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>

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.

CROSBY, CALEB, ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address P.O. BOX 25093		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.817</b>
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/19/2016		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAJORITY STRATEGIES, INC.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 12854 KENAN DRIVE SUITE 145		Amount <input type="text"/>	
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : <b>SE24.792</b>
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 10/12/2016		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: ROSS, DEBORAH, K, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>MCCARTHY HENNINGS WHALEN, INC.</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <input type="text"/>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : <b>SE24.801</b>		
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/11/2016		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: ROSS, DEBORAH, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6852920.59			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MCCARTHY HENNINGS WHALEN, INC.</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1850 M STREET NW SUITE 235			Amount <input type="text"/>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : <b>SE24.790</b>		
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/11/2016		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: ROSS, DEBORAH, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6852920.59			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 16989.93
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 11 / 2016</span>		
Mailing Address <b>600 FAIRMOUNT AVE STE 306</b>			Amount <span style="font-size: 1.2em;">980293.60</span>		
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21286</b>	<b>Transaction ID : SE24.841</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 06 / 2016</span>		
Purpose of Expenditure <b>TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/12/2016</b>			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
Name of Federal Candidate: <b>BAYH, EVAN, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: <b>IN</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="font-size: 1.2em;">6993530.26</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 14 / 2016</span>		
Mailing Address <b>600 FAIRMOUNT AVE STE 306</b>			Amount <span style="font-size: 1.2em;">1724034.00</span>		
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21286</b>	<b>Transaction ID : SE24.802</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <span style="font-size: 1.2em;">10 / 11 / 2016</span>		
Purpose of Expenditure <b>TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/14/2016</b>			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
Name of Federal Candidate: <b>ROSS, DEBORAH, K, ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____ District: _____ State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="font-size: 1.2em;">6852920.59</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">2704327.60</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

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.

CROSBY, CALEB, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

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

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON
10/14/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 14 / 2016
Amount
1390618.24
Transaction ID : SE24.803
Date of Disbursement or Obligation
10 / 11 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support Oppose
Office Sought:
House Senate
District:
State: MO
Calendar Year-To-Date
Per Election for Office Sought
6026485.80
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
MENTZER MEDIA SERVICES
Mailing Address
600 FAIRMOUNT AVE
STE 306
City
TOWSON
State
MD
Zip Code
21286
Purpose of Expenditure
TV/MEDIA PLACEMENT - FILED ON 10/14/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 14 / 2016
Amount
254320.00
Transaction ID : SE24.805
Date of Disbursement or Obligation
10 / 12 / 2016

Name of Federal Candidate:
KANDER, JASON, ,
Support Oppose
Office Sought:
House Senate
District:
State: MO
Calendar Year-To-Date
Per Election for Office Sought
6026485.80
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1644938.24
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016		
Mailing Address 600 FAIRMOUNT AVE STE 306			Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 1039365.65		
City TOWSON	State MD	Zip Code 21286	<b>Transaction ID : SE24.812</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2016		
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/19/2016			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>		
Name of Federal Candidate: BAYH, EVAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 6993530.26					

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Mailing Address 1702 E HIGHLAND AVE SUITE 408			Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 2000.00		
City PHOENIX	State AZ	Zip Code 85016	<b>Transaction ID : SE24.829</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Purpose of Expenditure WEB AD - FILED ON 10/05/2016			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>		
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 9084685.50					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 1041365.65
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> _____
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> _____

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <input type="text"/> 2000.00 <b>Transaction ID : SE24.836</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City PHOENIX State AZ Zip Code 85016	
Purpose of Expenditure WEB AD - FILED ON 10/05/2016 Category/Type <input type="text"/>	

Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6026485.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <input type="text"/> 2000.00 <b>Transaction ID : SE24.794</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City PHOENIX State AZ Zip Code 85016	
Purpose of Expenditure WEB AD - FILED ON 10/12/2016 Category/Type <input type="text"/>	

Name of Federal Candidate: ROSS, DEBORAH, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6852920.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 4000.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 15 / 2016		
Mailing Address 1702 E HIGHLAND AVE SUITE 408			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     2000.00                 </div>		
City PHOENIX	State AZ	Zip Code 85016	<b>Transaction ID : SE24.811</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 14 / 2016		
Purpose of Expenditure WEB AD - FILED ON 10/16/2016			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: BAYH, EVAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">                     6993530.26                 </div>					

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016		
Mailing Address 1702 E HIGHLAND AVE SUITE 408			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     2000.00                 </div>		
City PHOENIX	State AZ	Zip Code 85016	<b>Transaction ID : SE24.822</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016		
Purpose of Expenditure WEB AD - FILED ON 10/19/2016			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: MCGINTY, KATHLEEN, ALANA, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">                     9084685.50                 </div>					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     4000.00                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>RICHARD SALES MEDIA</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      10 / 18 / 2016                 </div>
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     2000.00                 </div> Transaction ID : <b>SE24.824</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      10 / 18 / 2016                 </div>
City PHOENIX State AZ Zip Code 85016	
Purpose of Expenditure WEB AD - FILED ON 10/19/2016	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose KANDER, JASON, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">6026485.80</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>RSM</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      10 / 11 / 2016                 </div>
Mailing Address 1702 E HIGHLAND AVE SUITE 408	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     3000.00                 </div> Transaction ID : <b>SE24.797</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     M M / D D / Y Y Y Y Y Y                      10 / 11 / 2016                 </div>
City PHOENIX State AZ Zip Code 85016	
Purpose of Expenditure WEB AD - FILED ON 10/12/2016	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MASTO, CATHERINE, CORTEZ, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">8163277.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 5000.00             </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____             </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 _____             </div>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

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

Full Name of Payee
TARGETED VICTORY
Mailing Address
1033 NORTH FAIRFAX ST, STE 400
SUITE 400
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
ONLINE ADVERTISING - FILED ON 10/12/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 11 / 2016
Amount
166606.00
Transaction ID : SE24.796
Date of Disbursement or Obligation
10 / 11 / 2016

Name of Federal Candidate:
MASTO, CATHERINE, CORTEZ,
Support
Oppose
Office Sought:
House
Senate
District:
State: NV
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
TARGETED VICTORY
Mailing Address
1033 NORTH FAIRFAX ST, STE 400
SUITE 400
City
ALEXANDRIA
State
VA
Zip Code
22314
Purpose of Expenditure
ONLINE ADVERTISING - FILED ON 10/16/2016
Category/Type
Date of Public Distribution/Dissemination
10 / 15 / 2016
Amount
63107.50
Transaction ID : SE24.810
Date of Disbursement or Obligation
10 / 14 / 2016

Name of Federal Candidate:
BAYH, EVAN,
Support
Oppose
Office Sought:
House
Senate
District:
State: IN
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
229713.50
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>TARGETED VICTORY</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 18 / 2016</div>
Mailing Address 1033 NORTH FAIRFAX ST, STE 400 SUITE 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">126215.00</div>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 10/19/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BAYH, EVAN, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: IN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6993530.26</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 11 / 2016</div>
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12321.00</div>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/12/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MASTO, CATHERINE, CORTEZ, ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">8163277.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">138536.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  

10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2990.00</div>
City ALEXANDRIA	State VA	
Zip Code 22314	Transaction ID : <b>SE24.799</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/12/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: MASTO, CATHERINE, CORTEZ, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8163277.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016
Mailing Address 429 N. ST. ASAPH STREET		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div>
City ALEXANDRIA	State VA	
Zip Code 22314	Transaction ID : <b>SE24.800</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/12/2016		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate: HECK, JOE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8163277.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3340.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

CROSBY, CALEB, , ,
*[Electronically Filed]*
Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>
Mailing Address <b>429 N. ST. ASAPH STREET</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">11989.00</div>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	Transaction ID : <b>SE24.830</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - FILED ON 10/05/2016</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>NV</b>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8163277.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>
Mailing Address <b>429 N. ST. ASAPH STREET</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2980.00</div>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	Transaction ID : <b>SE24.831</b> Date of Disbursement or Obligation <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>	
Purpose of Expenditure <b>RADIO PRODUCTION - FILED ON 10/05/2016</b>		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate: <b>MASTO, CATHERINE, CORTEZ, ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>NV</b>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8163277.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">14969.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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.

CROSBY, CALEB, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y  
Signature

10 / 27 / 2016

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 429 N. ST. ASAPH STREET		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/05/2016		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: KANDER, JASON, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 429 N. ST. ASAPH STREET		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/05/2016		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: KANDER, JASON, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

CROSBY, CALEB, , ,

*[Electronically Filed]*

Date

/  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00571703
--	--

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

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 429 N. ST. ASAPH STREET	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : <b>SE24.806</b>
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/14/2016 Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6026485.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>WILSON GRAND COMMUNICATIONS</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 429 N. ST. ASAPH STREET	Amount <input type="text"/>
City ALEXANDRIA State VA Zip Code 22314	Transaction ID : <b>SE24.807</b>
Purpose of Expenditure RADIO PRODUCTION - FILED ON 10/14/2016 Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6026485.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 16179.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

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CROSBY, CALEB, , ,

[Electronically Filed]

Date

/  /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

Check if 24-hour report 48-hour report
New report Amends report filed on 10/19/2016

Full Name of Payee: WILSON GRAND COMMUNICATIONS
Mailing Address: 429 N. ST. ASAPH STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: TV/MEDIA PRODUCTION - FILED ON 10/19/2016
Amount: 12215.00
Transaction ID: SE24.825
Date of Disbursement or Obligation: 10/19/2016

Name of Federal Candidate: MASTO, CATHERINE, CORTEZ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: , State: NV
Calendar Year-To-Date Per Election for Office Sought: 8163277.00
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

Full Name of Payee: WILSON GRAND COMMUNICATIONS
Mailing Address: 429 N. ST. ASAPH STREET
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: RADIO PRODUCTION - FILED ON 10/19/2016
Amount: 3395.00
Transaction ID: SE24.826
Date of Disbursement or Obligation: 10/19/2016

Name of Federal Candidate: MASTO, CATHERINE, CORTEZ,
Support: [ ], Oppose: [x]
Office Sought: [ ] House, [x] Senate, District: , State: NV
Calendar Year-To-Date Per Election for Office Sought: 8163277.00
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 15610.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

CROSBY, CALEB, ,

[Electronically Filed]

Date

10/27/2016

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>BAUHOUS</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016						
Mailing Address <b>1212 E EUCLID AVENUE</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29709.21</div> Transaction ID : <b>SE9</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>SAN ANTONIO</td> <td>TX</td> <td>78212</td> </tr> </table>		City	State	Zip Code	SAN ANTONIO	TX	78212
City		State	Zip Code				
SAN ANTONIO	TX	78212					
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 10/12/2016							
Name of Federal Candidate: Heck, Joe, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>NV</b>						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">8163277.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016						
Mailing Address <b>P.O. BOX 25093</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1900564.70</div> Transaction ID : <b>SE1.2</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>ALEXANDRIA</td> <td>VA</td> <td>22313</td> </tr> </table>		City	State	Zip Code	ALEXANDRIA	VA	22313
City		State	Zip Code				
ALEXANDRIA	VA	22313					
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/05/2016							
Name of Federal Candidate: McGinty, Kathleen, Alana, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>PA</b>						
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">9084685.50</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1930273.91</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

*Crosby, Caleb, , ,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Mailing Address P.O. BOX 25093			Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 189796.37		
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE2</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/05/2016			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>		
Name of Federal Candidate: McGinty, Kathleen, Alana, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 9084685.50					

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Mailing Address P.O. BOX 25093			Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 1065193.30		
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE1</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/05/2016			Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>		
Name of Federal Candidate: Masto, Catherine, Cortez, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 8163277.00					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 1254989.67
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> _____
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> _____

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.

Crosby, Caleb, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00571703</span> </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Mailing Address P.O. BOX 25093			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">111414.65</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/05/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE2.2</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Masto, Catherine, Cortez, ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> 8163277.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>MAIN STREET MEDIA</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016		
Mailing Address P.O. BOX 25093			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2002525.50</div>		
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 10/05/2016		Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Transaction ID : <b>SE3</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Murphy, Patrick, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> 8633863.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2113940.15</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Crosby, Caleb, , ,  
 \_\_\_\_\_  
 Signature
 

 [Electronically Filed]  
 Date M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Senate Leadership Fund
FEC IDENTIFICATION NUMBER
C C00571703

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

Full Name of Payee MAIN STREET MEDIA
Mailing Address P.O. BOX 25093
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure RADIO PLACEMENT - FILED ON 10/05/2016
Date of Public Distribution/Dissemination 10/04/2016
Amount 368756.51
Transaction ID : SE3.1
Date of Disbursement or Obligation 09/30/2016
Name of Federal Candidate: Murphy, Patrick, ,
Support Oppose
Office Sought: House Senate State: FL
Disbursement For: Primary General 2016

Full Name of Payee MENTZER MEDIA SERVICES
Mailing Address 600 FAIRMOUNT AVE STE 306
City TOWSON State MD Zip Code 21286
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/05/2016
Date of Public Distribution/Dissemination 10/04/2016
Amount 1471558.88
Transaction ID : SE1.1
Date of Disbursement or Obligation 09/30/2016
Name of Federal Candidate: Kander, Jason, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 1840315.39
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Crosby, Caleb, ,

[Electronically Filed]

Date

10/27/2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00571703                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016
Mailing Address 600 FAIRMOUNT AVE STE 306		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1752660.72</div>
City TOWSON State MD Zip Code 21286		
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/05/2016		Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Name of Federal Candidate: Ross, Deborah, K, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">6852920.59</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>		Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 04 / 2016
Mailing Address 600 FAIRMOUNT AVE STE 306		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">939322.56</div>
City TOWSON State MD Zip Code 21286		
Purpose of Expenditure TV/MEDIA PLACEMENT / RADIO PLACEMENT - FILED ON 10/05/2016		Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Name of Federal Candidate: Bayh, Evan, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: IN
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">6993530.26</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2691983.28</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">27274324.60</div>

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Crosby, Caleb, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Signature