

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Congressional Leadership Fund

ADDRESS (number and street) 1747 Pennsylvania Avenue, NW

Check if different than previously reported. (ACC) 5th Floor

Washington DC 20006

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

C C00504530

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on 11 / 08 / 2016 in the State of DC

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

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
 Crosby, Caleb, , ,  
 Type or Print Name of Treasurer

Signature of Treasurer *Crosby, Caleb, , ,* [Electronically Filed] Date 10 / 27 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Congressional Leadership Fund**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="865793.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33338823.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5422461.00"/>	<input type="text" value="42768666.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="38761284.83"/>	<input type="text" value="43634459.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23496029.38"/>	<input type="text" value="28369204.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15265255.45"/>	<input type="text" value="15265255.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="55697.48"/>	

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

**Congressional Leadership Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5422311.00	42672220.15
(ii) Unitemized .....	150.00	510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5422461.00	42672730.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	95000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5422461.00	42767730.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	936.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5422461.00	42768666.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5422461.00	42768666.52

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2885550.41	6036840.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2885550.41	6036840.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1600000.00	1995000.00
24. Independent Expenditures (use Schedule E) .....	19010478.97	20337363.62
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)) ..	23496029.38	28369204.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23496029.38	28369204.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	5422461.00	42767730.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5422461.00	42767730.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2885550.41	6036840.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	936.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2885550.41	6035904.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. BUSCH, AUGUST, A., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 MID RIVERS MALL DR.  
 City ST. PETERS State MO Zip Code 63376-4320  
 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 ▼ 290000.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : SA11A.1294**  
 Amount of Each Receipt this Period 40000.00  
 Memo Item CONTRIBUTION

**B. HILMAR CHEESE COMPANY**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8901 NORTH LANDER AVE.  
 City HILMAR State CA Zip Code 95324-9327  
 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.1295**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item CONTRIBUTION

**C. THE ANSCHUTZ CORPORATION**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 17TH ST. 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 / 04 / 2016  
**Transaction ID : SA11A.1296**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315000.00
<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 7 OF 73
	<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)  
**Congressional Leadership Fund**

**A. GRANIERI, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 UNION SQUARE SOUTH  
 City NEW YORK State NY Zip Code 10003-4183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JANE STREET Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA11A.1297**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

**B. TULL, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10960 WILSHIRE BLVD. 5TH FLOOR  
 City LOS ANGELES State CA Zip Code 90024-3708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEGENDARY PICTURES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : SA11A.1298**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 CONTRIBUTION

**C. MCMAHON, LINDA, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 HURLINGHAM DR.  
 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 ▼ 250000.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : SA11A.1299**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400000.00
<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 8 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. CLEARPATH ACTION INC.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1355 GREENWOOD CLIFF  
SUITE 301

City CHARLOTTE State NC Zip Code 28204-2981

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 ▼  
75000.00

Date of Receipt  
10 / 06 / 2016  
**Transaction ID : SA11A.1300**

Amount of Each Receipt this Period  
75000.00

Memo Item  
CONTRIBUTION

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

Mailing Address N3569 VANDEN BOSCH RD

City KAUKAUNA State WI Zip Code 54130-7648

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 ▼  
14000.00

Date of Receipt  
10 / 07 / 2016  
**Transaction ID : SA11A.1301**

Amount of Each Receipt this Period  
14000.00

Memo Item  
CONTRIBUTION

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

Mailing Address 536 WEST 43RD STREET APT 1F

City NEW YORK State NY Zip Code 10036-4341

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 10 / 2016  
**Transaction ID : SA11A.1274**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	89250.00
<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 73  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Congressional 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 AVE.  
 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 ▼ 100000.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11A.1302**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
**CONTRIBUTION**

**B. NAU, JOHN, L., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 130130  
 City HOUSTON State TX Zip Code 77219-0130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SILVER EAGLE DISTRIBUTORS PRESIDENT AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 10 / 13 / 2016  
**Transaction ID : SA11A.1303**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
**CONTRIBUTION**

**C. BLOOM, BRADLEY, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 ALBION RD.  
 City WELLESLEY State MA Zip Code 02481-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 BERKSHIRE PARTNERS LLC DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300000.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA11A.1304**  
 Amount of Each Receipt this Period 200000.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325000.00  
**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 10 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MITCHELL, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10518 206TH AVE NE  
 City REDMOND State WA Zip Code 98053-5113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RESEARCH SCIENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA11A.1280**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**B. OBERNDORF, WILLIAM, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 WALNUT ST.  
 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) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750000.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA11A.1305**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item  
**CONTRIBUTION**

**C. YEARY, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1707 GRAND VIEW DRIVE  
 City BERKELEY State CA Zip Code 94705-1639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMBERVIEW PARTNERS Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : SA11A.1281**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252950.00
<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 73
	<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)  
**Congressional Leadership Fund**

**A. BANKE, BARBARA, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1045 ALEXANDER MOUNTAIN RD  
 City GEYSERVILLE State CA Zip Code 95441-9315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JACKSON FAMILY WINES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.1308**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. ISAAC, PAUL, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 PROSPECT AVENUE  
 City LARCHMONT State NY Zip Code 10538-3634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARBITER PARTNERS Occupation (for Individual) ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.1306**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**C. KLEIN, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 MADISON AVENUE  
 City NEW YORK State NY Zip Code 10022-4214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARK TOWER GROUP Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.1307**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250000.00  
**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 12 OF 73
	<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	<input type="checkbox"/> 17

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

**A. POWERS, WILLIAM, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11766 WILSHIRE BLVD  
 SUITE 1470  
 City LOS ANGELES State CA Zip Code 90025-6579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE STRAND PARTNERS Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.1310**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

**B. ROSS, STEPHEN, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 COLUMBIA CIRCLE  
 City NEW YORK State NY Zip Code 10002-2735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RELATED COMPANIES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : SA11A.1309**  
 Amount of Each Receipt this Period 200000.00  
 Memo Item CONTRIBUTION

**C. LOEB, DANIEL, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 390 PARK AVENUE  
 City NEW YORK State NY Zip Code 10022-4608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THIRD POINT LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : SA11A.1311**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400000.00
<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 13 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HILLWOOD DEVELOPMENT COMPANY LLC**

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

Mailing Address 3090 OLIVE STREET  
SUITE 200

City DALLAS State TX Zip Code 75219-7640

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 ▼  
200000.00

Date of Receipt  
10 / 18 / 2016

**Transaction ID : SA11A.1312**

Amount of Each Receipt this Period  
200000.00

Memo Item  
CONTRIBUTION

**B. IGT**

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

Mailing Address P.O. BOX 10580

City RENO State NV Zip Code 89510-

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 / 18 / 2016

**Transaction ID : SA11A.1324**

Amount of Each Receipt this Period  
25000.00

Memo Item  
CONTRIBUTION

**C. DRUCKENMILLER, STANLEY, F., ,**

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

Mailing Address 40 W 57TH ST

City NEW YORK State NY Zip Code 10019-4001

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

Name of Employer (for Individual) Occupation (for Individual)  
DUQUESNE FAMILY OFFICE LLC FUND MANAGER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350000.00

Date of Receipt  
10 / 19 / 2016

**Transaction ID : SA11A.1313**

Amount of Each Receipt this Period  
150000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375000.00
<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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUHAMEL, WILLIAM, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3881 CLAY ST.  
 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 INVESTMENT Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.1319**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION

**B. FOSTER, PAUL, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 W MILLS AVE SUITE 200  
 City EL PASO State TX Zip Code 79901-1575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN REFINING COMPANY Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.1314**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item  
 CONTRIBUTION

**C. HERTOGE, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 5TH AVENUE, APT. 13-A  
 City NEW YORK State NY Zip Code 10028-0137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HERTOGE FOUNDATION Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.1315**  
 Amount of Each Receipt this Period 50000.00  
 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:	PAGE 15 OF 73
	(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)  
**Congressional Leadership Fund**

**A. MCCAFFERY, MICHAEL, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 POETT RD.  
 City HILLSBOROUGH State CA Zip Code 94010-6833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAKENA CAPITAL MANAGEMENT Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.1317**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
**CONTRIBUTION**

**B. SCHWARZMAN, STEPHEN, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 PARK AVE. FLOOR 31  
 City NEW YORK State NY Zip Code 10154-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE BLACKSTONE GROUP Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.1318**  
 Amount of Each Receipt this Period 1700000.00  
 Memo Item  
**CONTRIBUTION**

**C. ALTRIA CLIENT SERVICES LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 85088  
 City RICHMOND State VA Zip Code 23285-5088  
 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 ▼ 175000.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : SA11A.1316**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850000.00
<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 16 OF 73  
(check only one)

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AMERICAN ACTION NETWORK**

Mailing Address 1747 PENNSYLVANIA AVE. NW  
5TH FLOOR

City WASHINGTON State DC Zip Code 20006-4604

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
195428.15

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11A.1325

Amount of Each Receipt this Period  
65111.00

Memo Item  
IN-KIND: PAYROLL/OFFICE SPACE/RESEARCH

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65111.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5422311.00



**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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. Whatman Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 6650 Stoffer Rd.		FEC Identification Number C [REDACTED]	
City Bellville	State OH	Zip Code 44813	<b>Transaction ID : SB.54</b>
Purpose of Disbursement Canvassing	Candidate Name		Amount of Each Disbursement this Period -298500.00
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) ▼		<input type="checkbox"/> Memo Item Independent expenditure previously reported as operating expenditure
State: District:	Category/Type 004		

Full Name (Last, First, Middle Initial) <b>B. Whatman Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 6650 Stoffer Rd.		FEC Identification Number C [REDACTED]	
City Bellville	State OH	Zip Code 44813	<b>Transaction ID : SB.55</b>
Purpose of Disbursement Canvassing	Candidate Name		Amount of Each Disbursement this Period -301550.00
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) ▼		<input type="checkbox"/> Memo Item Independent expenditure previously reported as operating expenditure
State: District:	Category/Type 004		

Full Name (Last, First, Middle Initial) <b>C. Whatman Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016	
Mailing Address 6650 Stoffer Rd.		FEC Identification Number C [REDACTED]	
City Bellville	State OH	Zip Code 44813	<b>Transaction ID : SB.56</b>
Purpose of Disbursement Canvassing	Candidate Name		Amount of Each Disbursement this Period -302600.00
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) ▼		<input type="checkbox"/> Memo Item Independent expenditure previously reported as operating expenditure
State: District:	Category/Type 004		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	-902650.00
<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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. E.C. Maruggi Incorporated</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 660 South Howell St.		FEC Identification Number C [REDACTED]	
City St. Paul	State MN	Zip Code 55116	Transaction ID : <b>SB.6</b>
Purpose of Disbursement Business consulting		Category/ Type 001	Amount of Each Disbursement this Period 1000.00
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. PCI Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 902 Chinquapin		FEC Identification Number C [REDACTED]	
City McLean	State VA	Zip Code 22102	Transaction ID : <b>SB.1</b>
Purpose of Disbursement Merchant fee		Category/ Type 003	Amount of Each Disbursement this Period 592.22
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. Optimus Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 1100 H Street, NW Suite 1100		FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SB.12</b>
Purpose of Disbursement Media optimization		Category/ Type 001	Amount of Each Disbursement this Period 50000.00
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	51592.22
<b>TOTAL</b> This Period (last page this line number only).....▶	[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)  
**Congressional Leadership Fund**

**A. Cold Spark Media**

Full Name (Last, First, Middle Initial)

Mailing Address 307 Fourth Ave.  
Suite 920

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement Direct mail

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 : SB.53**

Amount of Each Disbursement this Period -17977.56

Memo Item reported as operating expenditure

**B. Newton Heath LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Survey

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 : SB.18**

Amount of Each Disbursement this Period 22898.00

Memo Item

**C. NMB Research LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 206 N. Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Survey

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 : SB.15**

Amount of Each Disbursement this Period 15500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20420.44

**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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. NMB Research LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.16</b> Amount of Each Disbursement this Period 17500.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. NMB Research LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.17</b> Amount of Each Disbursement this Period 17500.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. Push Digital</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016	
Mailing Address PO Box 7431		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.57</b> Amount of Each Disbursement this Period -83563.00 Independent expenditure previously reported as operating expenditure	
City Columbia	State SC	Zip Code 29202	Category/ Type 004
Purpose of Disbursement Media placement			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-48563.00
<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)  
**Congressional Leadership Fund**

**A. American Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Merchant fee  
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 : SB.2**  
Amount of Each Disbursement this Period: 14531.52

Memo Item

**B. Conston Communications**

Full Name (Last, First, Middle Initial)  
Mailing Address 1758 U St. NW, Unit 3

City Washington State DC Zip Code 20009

Purpose of Disbursement Strategy consulting  
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 : SB.7**  
Amount of Each Disbursement this Period: 7500.00

Memo Item

**C. Meeting Street Research, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 413 Pitt Street

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement Survey  
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 : SB.19**  
Amount of Each Disbursement this Period: 14500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 36531.52

**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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. Optimus Consulting LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 1100 H Street, NW Suite 1100			FEC Identification Number C [ ] <b>Transaction ID : SB.21</b> Amount of Each Disbursement this Period 25000.00	
City Washington	State DC	Zip Code 20005	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Survey		Category/ Type 005		
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:				

Full Name (Last, First, Middle Initial) <b>B. Wilson Perkins Allen</b>			Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 1319 Classen Drive			FEC Identification Number C [ ] <b>Transaction ID : SB.20</b> Amount of Each Disbursement this Period 15000.00	
City Oklahoma City	State OK	Zip Code 73103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Survey		Category/ Type 005		
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:				

Full Name (Last, First, Middle Initial) <b>C. Wilson Perkins Allen</b>			Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 1319 Classen Drive			FEC Identification Number C [ ] <b>Transaction ID : SB.22</b> Amount of Each Disbursement this Period 15000.00	
City Oklahoma City	State OK	Zip Code 73103	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Survey		Category/ Type 005		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	55000.00
<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)  
**Congressional Leadership Fund**

**A. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 Spring Hill Road  
Suite 400

City Tysons Corner State VA Zip Code 22182

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB.3

Amount of Each Disbursement this Period: 0.69

Memo Item

**B. Newton Heath LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Survey

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB.23

Amount of Each Disbursement this Period: 18490.00

Memo Item

**C. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB.4

Amount of Each Disbursement this Period: 7.95

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18498.64
<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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. American Viewpoint, Inc,</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1199 North Lee Street Suite 808		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.25</b> Amount of Each Disbursement this Period 23300.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Survey	Category/Type 005	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1593 Spring Hill Road Suite 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.14</b> Amount of Each Disbursement this Period 500.00
City Tysons Corner	State VA	Zip Code 22182
Purpose of Disbursement Donor database subscription	Category/Type 003	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

Full Name (Last, First, Middle Initial) <b>C. DT Client Services LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address 1101 14th Street NW Suite 650		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.13</b> Amount of Each Disbursement this Period 8779.71
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Media optimization	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32579.71
<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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. NMB Research LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.24</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 24000.00
Purpose of Disbursement Survey		Category/ Type 005	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. North Star Opinion Research, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 112 North Alfred Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.26</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 18000.00
Purpose of Disbursement Survey		Category/ Type 005	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. Newton Heath LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016	
Mailing Address P.O. Box 581		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.27</b>	
City Alexandria	State VA	Zip Code 22313	Amount of Each Disbursement this Period 25964.00
Purpose of Disbursement Survey		Category/ Type 005	Memo Item <input type="checkbox"/>
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:			

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

67964.00

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

[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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Newton Heath LLC**

Mailing Address P.O. Box 581

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement  
Survey

005

Category/  
Type

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			12			2016			

FEC Identification Number

C

Transaction ID : SB.28

Amount of Each Disbursement this Period

23780.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Meeting Street Research, LLC**

Mailing Address 413 Pitt Street

City  
Mount Pleasant

State  
SC

Zip Code  
29464

Purpose of Disbursement  
Survey

005

Category/  
Type

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

Transaction ID : SB.29

Amount of Each Disbursement this Period

23000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Meeting Street Research, LLC**

Mailing Address 413 Pitt Street

City  
Mount Pleasant

State  
SC

Zip Code  
29464

Purpose of Disbursement  
Survey

005

Category/  
Type

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

Transaction ID : SB.30

Amount of Each Disbursement this Period

15000.00

Memo Item

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

61780.00

**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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. Meeting Street Research, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 413 Pitt Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.31</b> Amount of Each Disbursement this Period 23500.00	
City Mount Pleasant	State SC	Zip Code 29464	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. Meeting Street Research, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 413 Pitt Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.32</b> Amount of Each Disbursement this Period 15000.00	
City Mount Pleasant	State SC	Zip Code 29464	Category/ Type 005
Purpose of Disbursement Survey			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. American Media &amp; Advocacy Group</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 815 Slaters Lane		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.49</b> Amount of Each Disbursement this Period 666371.72 Pre-payment for future independent expenditure	
City Alexandria	State VA	Zip Code 22314	Category/ Type 004
Purpose of Disbursement Media placement			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	704871.72
<b>TOTAL</b> This Period (last page this line number only).....▶	[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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. The Tarrance Group</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 201 N. Union St, Suite 410		FEC Identification Number C [ ] <b>Transaction ID : SB.33</b> Amount of Each Disbursement this Period [ ] 23419.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Survey	Category/Type 005	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Trinity Financial Reporting &amp; Compliance</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 13051 Farthingale Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB.11</b> Amount of Each Disbursement this Period [ ] 10162.50
City Oak Hill	State VA	Zip Code 20171
Purpose of Disbursement Accounting and compliance	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

Full Name (Last, First, Middle Initial) <b>C. Wiley Rein LLP</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 1776 K Street NW		FEC Identification Number C [ ] <b>Transaction ID : SB.10</b> Amount of Each Disbursement this Period [ ] 52436.22
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Legal services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 86017.72
<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)

**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Anne Schroeder Mullins & Co.**

Mailing Address 4436 Yuma Street, NW

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement  
Communications consulting

001

Category/  
Type

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			17			2016			

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Basswood Research**

Mailing Address Air Rights Center, North Tower  
4550 Montgomery Ave. Suite 906

City  
Bethesda

State  
MD

Zip Code  
20814

Purpose of Disbursement  
Survey

005

Category/  
Type

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			17			2016			

FEC Identification Number

C

Transaction ID : SB.37

Amount of Each Disbursement this Period

14112.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 Spring Hill Road  
Suite 400

City  
Tysons Corner

State  
VA

Zip Code  
22182

Purpose of Disbursement  
Merchant fee

003

Category/  
Type

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			17			2016			

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

51.60

Memo Item

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

17163.60

**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)

**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. North Star Opinion Research, Inc.**

Mailing Address 112 North Alfred Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Survey

005

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB.34

Amount of Each Disbursement this Period

31250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Push Digital**

Mailing Address PO Box 7431

City  
Columbia

State  
SC

Zip Code  
29202

Purpose of Disbursement  
Media placement

004

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB.45

Amount of Each Disbursement this Period

50000.00

Pre-payment for future independent expenditure

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Tarrance Group**

Mailing Address 201 N. Union St, Suite 410

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Survey

005

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

17829.00

Memo Item

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

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

99079.00

**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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. Wilson Perkins Allen</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1319 Classen Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.35</b> Amount of Each Disbursement this Period 34900.00	
City Oklahoma City	State OK	Zip Code 73103	Memo Item <input type="checkbox"/>
Purpose of Disbursement Survey		Category/ Type 005	
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:			

Full Name (Last, First, Middle Initial) <b>B. Wilson Perkins Allen</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1319 Classen Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.36</b> Amount of Each Disbursement this Period 29300.00	
City Oklahoma City	State OK	Zip Code 73103	Memo Item <input type="checkbox"/>
Purpose of Disbursement Survey		Category/ Type 005	
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:			

Full Name (Last, First, Middle Initial) <b>C. Cold Spark Media</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 307 Fourth Ave. Suite 920		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.51</b> Amount of Each Disbursement this Period 18308.56 Pre-payment for future independent expenditure	
City Pittsburgh	State PA	Zip Code 15222	Memo Item <input type="checkbox"/>
Purpose of Disbursement Direct mail		Category/ Type 004	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	82508.56
<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

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

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

Full Name (Last, First, Middle Initial) <b>A. NMB Research LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 206 N. Fayette St.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.39</b> Amount of Each Disbursement this Period 15500.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey		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. North Star Opinion Research, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 112 North Alfred Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.40</b> Amount of Each Disbursement this Period 25000.00	
City Alexandria	State VA	Zip Code 22314	Category/ Type 005
Purpose of Disbursement Survey		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. Targeted Victory</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 1033 North Fairfax Street Suite 400		FEC Identification Number C [REDACTED] <b>Transaction ID : SB.47</b> Amount of Each Disbursement this Period 54100.00 Pre-payment for future independent expenditure	
City Alexandria	State VA	Zip Code 22314	Category/ Type 004
Purpose of Disbursement Media placement		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).....▶	94600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. American Action Network</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address 1747 Pennsylvania Ave. NW 5th Floor		FEC Identification Number C [ ] <b>Transaction ID : SB.58</b> Amount of Each Disbursement this Period [ ] 65111.00
City Washington	State DC	Zip Code 20006
Purpose of Disbursement In-kind payroll/office space/research		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. American Media &amp; Advocacy Group</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address 815 Slaters Lane		FEC Identification Number C [ ] <b>Transaction ID : SB.46</b> Amount of Each Disbursement this Period [ ] 1073876.16 Pre-payment for future independent expenditure
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Media placement		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. American Media &amp; Advocacy Group</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2016
Mailing Address 815 Slaters Lane		FEC Identification Number C [ ] <b>Transaction ID : SB.52</b> Amount of Each Disbursement this Period [ ] 1165688.56 Pre-payment for future independent expenditure
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Media placement		Category/Type 004
Candidate Name		Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2304675.72
<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)

**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Cold Spark Media**

Mailing Address 307 Fourth Ave.  
Suite 920

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Direct mail

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2016

FEC Identification Number

**C**

**Transaction ID : SB.50**

Amount of Each Disbursement this Period

17498.56

Memo Item Pre-payment for future independent expenditure

Full Name (Last, First, Middle Initial)

**B. Newton Heath LLC**

Mailing Address P.O. Box 581

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Survey

**005**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2016

FEC Identification Number

**C**

**Transaction ID : SB.41**

Amount of Each Disbursement this Period

19372.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NMB Research LLC**

Mailing Address 206 N. Fayette St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Survey

**005**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2016

FEC Identification Number

**C**

**Transaction ID : SB.44**

Amount of Each Disbursement this Period

17500.00

Memo Item

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

54370.56

**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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. Push Digital**

Mailing Address PO Box 7431

City Columbia State SC Zip Code 29202

Purpose of Disbursement  
Media placement

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB.48**

Amount of Each Disbursement this Period

Memo Item Pre-payment for future independent expenditure

Full Name (Last, First, Middle Initial)

**B. TargetPoint Consulting**

Mailing Address 66 Canal Center Plaza Suite 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Survey

**005**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB.43**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Tarrance Group**

Mailing Address 201 N. Union St, Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Survey

**005**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB.42**

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 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)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ESA Fund**

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

FEC Identification Number

**Transaction ID : SB.9**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 73
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Honold Communications</b>			Nature of Debt (Purpose): Media production
Mailing Address 252 9th Street, NE			
City Washington	State DC	Zip Code 20002	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID : SB.133</b>	
Amount Incurred This Period 12432.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 12432.48	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RedPrint Strategy</b>			Nature of Debt (Purpose): Media production
Mailing Address P.O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID : SB.131</b>	
Amount Incurred This Period 26387.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 26387.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RedPrint Strategy</b>			Nature of Debt (Purpose): Media production
Mailing Address P.O. Box 710993			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID : SB.132</b>	
Amount Incurred This Period 16878.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16878.00	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	55697.48
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	55697.48
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	55697.48

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Whatman Associates
Mailing Address: 6650 Stoffer Rd.
City: Bellville, State: OH, Zip Code: 44813
Purpose of Expenditure: Canvassing, Category/Type: 004
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 301550.00
Transaction ID: SB.60
Date of Disbursement or Obligation: 09/26/2016
Name of Federal Candidate: Teachout, Zephyr, , , Support/Oppose
Office Sought: House, District: 19, State: NY
Calendar Year-To-Date Per Election for Office Sought: 1447060.65
Disbursement For: General 2016

Full Name of Payee: Push Digital
Mailing Address: P.O. Box 21892
City: Charleston, State: SC, Zip Code: 29413
Purpose of Expenditure: Media placement, Category/Type: 004
Date of Public Distribution/Dissemination: 10/04/2016
Amount: 20309.00
Transaction ID: SB.61
Date of Disbursement or Obligation: 10/03/2016
Name of Federal Candidate: Teachout, Zephyr, , , Support/Oppose
Office Sought: House, District: 19, State: NY
Calendar Year-To-Date Per Election for Office Sought: 1467369.65
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 321859.00
(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>Congressional 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> C00504530                 </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>Cold Spark Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Mailing Address 307 Fourth Ave. Suite 920	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17977.56</div> Transaction ID : <b>SB.62</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
City Pittsburgh      State PA      Zip Code 15222	
Purpose of Expenditure Direct mail      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Teachout, Zephyr, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House      District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate      State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1485347.21</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>Target Enterprises</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Mailing Address 15260 Ventura Blvd. Suite 1240	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">136000.00</div> Transaction ID : <b>SB.63</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
City Sherman Oaks      State CA      Zip Code 91403	
Purpose of Expenditure Media placement      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Teachout, Zephyr, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House      District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate      State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1621347.21</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;">153977.56</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>Congressional 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> C00504530                 </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>Something Else Strategies</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 08 / 2016		
Mailing Address 212 Golden Willow Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">19000.00</div>		
City Easley	State SC	Zip Code 29642			
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.64</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 08 / 2016		
Name of Federal Candidate: Teachout, Zephyr, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1640347.21</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>Target Enterprises</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 08 / 2016		
Mailing Address 15260 Ventura Blvd. Suite 1240			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150000.00</div>		
City Sherman Oaks	State CA	Zip Code 91403			
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.65</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 06 / 2016		
Name of Federal Candidate: Teachout, Zephyr, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1790347.21</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;">169000.00</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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Target Enterprises
Mailing Address: 15260 Ventura Blvd. Suite 1240
City: Sherman Oaks, State: CA, Zip Code: 91403
Purpose of Expenditure: Media placement, Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 944000.00
Transaction ID: SB.66
Date of Disbursement or Obligation: 10/05/2016
Name of Federal Candidate: Teachout, Zephyr, , , Support: [ ], Oppose: [x]
Office Sought: [x] House, District: 19, State: NY
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

Full Name of Payee: Statewide Impact Media LLC
Mailing Address: 131 East 23rd Street, #8G
City: New York, State: NY, Zip Code: 10010
Purpose of Expenditure: Media placement, Category/Type: 004
Date of Public Distribution/Dissemination: 10/13/2016
Amount: 12550.00
Transaction ID: SB.67
Date of Disbursement or Obligation: 10/14/2016
Name of Federal Candidate: Teachout, Zephyr, , , Support: [ ], Oppose: [x]
Office Sought: [x] House, District: 19, State: NY
Disbursement For: [ ] Primary, [x] General 2016, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 956550.00
(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>Congressional 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> C00504530                 </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>Something Else Strategies</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 / 15 / 2016</div>		
Mailing Address <b>212 Golden Willow Ct</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15000.00</div>		
City <b>Easley</b>	State <b>SC</b>	Zip Code <b>29642</b>			
Purpose of Expenditure <b>Media production</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.68</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 / 17 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Teachout, Zephyr, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>19</u> State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2761897.21</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>Push Digital</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 / 17 / 2016</div>		
Mailing Address <b>P.O. Box 21892</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">81236.00</div>		
City <b>Charleston</b>	State <b>SC</b>	Zip Code <b>29413</b>			
Purpose of Expenditure <b>Media placement</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.69</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 / 17 / 2016</div>		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Teachout, Zephyr, , ,</b>			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>19</u> State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2843133.21</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: 100%;">96236.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Target Enterprises
Mailing Address: 15260 Ventura Blvd. Suite 1240
City: Sherman Oaks State: CA Zip Code: 91403
Purpose of Expenditure: Media placement Category/Type: 004
Name of Federal Candidate: Teachout, Zephyr, , , Support: [ ] Oppose: [x]
Office Sought: [x] House District: 19 State: NY
Calendar Year-To-Date Per Election for Office Sought: 3068133.21
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

Full Name of Payee: Whatman Associates
Mailing Address: 6650 Stoffer Rd.
City: Bellville State: OH Zip Code: 44813
Purpose of Expenditure: Canvassing Category/Type: 004
Name of Federal Candidate: Zeldin, Lee, , , Support: [x] Oppose: [ ]
Office Sought: [x] House District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought: 151663.33
Disbursement For: [ ] Primary [x] General 2016 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 376300.00
(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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Whatman Associates
Mailing Address: 6650 Stoffer Rd.
City: Bellville, State: OH, Zip Code: 44813
Purpose of Expenditure: Canvassing, Category/Type: 004
Date of Public Distribution/Dissemination: 10/01/2016
Amount: 151300.00
Transaction ID: SB.72
Date of Disbursement or Obligation: 09/26/2016
Name of Federal Candidate: Throne-Holst, Anna, , ,
Office Sought: House, District: 01, State: NY
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 302963.33

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement, Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 481218.16
Transaction ID: SB.73
Date of Disbursement or Obligation: 10/07/2016
Name of Federal Candidate: Throne-Holst, Anna, , ,
Office Sought: House, District: 01, State: NY
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 784181.49

(a) SUBTOTAL of Itemized Independent Expenditures: 632518.16
(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>Congressional 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;">C00504530</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>Conston 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 1758 U St. NW Unit 3	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8500.00</div> Transaction ID : <b>SB.74</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						
<table 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>Washington</td> <td>DC</td> <td>20009</td> </tr> </table>		City	State	Zip Code	Washington	DC	20009
City		State	Zip Code				
Washington	DC	20009					
Purpose of Expenditure Media production							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Throne-Holst, Anna, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: NY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">792681.49</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>Whatman Associates</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 01 / 2016						
Mailing Address 6650 Stoffer Rd.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">149250.00</div> Transaction ID : <b>SB.75</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2016						
<table 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>Bellville</td> <td>OH</td> <td>44813</td> </tr> </table>		City	State	Zip Code	Bellville	OH	44813
City		State	Zip Code				
Bellville	OH	44813					
Purpose of Expenditure Canvassing							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Katko, John, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: NY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">149613.33</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;">157750.00</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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Whatman Associates
Mailing Address: 6650 Stoffer Rd.
City: Bellville, State: OH, Zip Code: 44813
Purpose of Expenditure: Canvassing, Category/Type: 004
Name of Federal Candidate: Deacon, Colleen, Support/Oppose
Office Sought: House, District: 24, State: NY
Amount: 149250.00
Transaction ID: SB.76
Date of Disbursement or Obligation: 09/26/2016
Disbursement For: General 2016

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement, Category/Type: 004
Name of Federal Candidate: Deacon, Colleen, Support/Oppose
Office Sought: House, District: 24, State: NY
Amount: 192244.30
Transaction ID: SB.77
Date of Disbursement or Obligation: 10/07/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 341494.30
(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>Congressional 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> C00504530                 </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>RedPrint Strategy</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016						
Mailing Address P.O. Box 710993	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      17624.50                 </div> Transaction ID : <b>SB.78</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 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>Herndon</td> <td>VA</td> <td>20171</td> </tr> </table>		City	State	Zip Code	Herndon	VA	20171
City		State	Zip Code				
Herndon	VA	20171					
Purpose of Expenditure Media production							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Deacon, Colleen, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: NY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      508732.13                 </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>Targeted Victory</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016						
Mailing Address 1033 North Fairfax Street Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      54154.00                 </div> Transaction ID : <b>SB.79</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">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>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22314
City		State	Zip Code				
Alexandria	VA	22314					
Purpose of Expenditure Media placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Deacon, Colleen, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: NY						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      562886.13                 </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;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      71778.50                 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      0.00                 </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span>                      71778.50                 </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>Congressional 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> C00504530                 </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>American Media &amp; Advocacy Group</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 815 Slaters Lane		Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 192244.30	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SB.80</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 07 / 2016
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Deacon, Colleen, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: NY	
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> 755130.43			

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>RedPrint Strategy</b> Independent expenditure paid after dissemination. See Schedule D		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 P.O. Box 710993		Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 16878.00	
City Herndon	State VA	Zip Code 20171	<b>Transaction ID : SB.81</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Deacon, Colleen, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: NY	
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> 772008.43			

<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> 192244.30
<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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: Push Digital
Mailing Address: P.O. Box 21892
City: Charleston, State: SC, Zip Code: 29413
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Perkins, Randy, Support/Oppose
Office Sought: House, District: 18, State: FL
Amount: 83563.00
Transaction ID: SB.82
Date of Disbursement or Obligation: 09/30/2016
Disbursement For: General 2016

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane
City: Alexandria, State: VA, Zip Code: 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Perkins, Randy, Support/Oppose
Office Sought: House, District: 18, State: FL
Amount: 1673238.72
Transaction ID: SB.83
Date of Disbursement or Obligation: 10/03/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 1756801.72
(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>Congressional 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> C00504530                 </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>Scott Howell &amp; Company</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">10 / 04 / 2016</span>	
Mailing Address 3900 Willow St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>	
City Dallas	State TX	Zip Code 75226	Transaction ID : <b>SB.84</b>
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">10 / 04 / 2016</span>
Name of Federal Candidate: Perkins, Randy, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>18</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1771801.72</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>Push Digital</b>		Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">10 / 12 / 2016</span>	
Mailing Address P.O. Box 21892		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>	
City Charleston	State SC	Zip Code 29413	Transaction ID : <b>SB.85</b>
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">10 / 11 / 2016</span>
Name of Federal Candidate: Perkins, Randy, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>18</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1796801.72</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;">40000.00</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>Congressional 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> C00504530                 </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>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2016						
Mailing Address 3900 Willow St Suite 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18000.00</div> Transaction ID : <b>SB.86</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 2016						
<table 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>Dallas</td> <td>TX</td> <td>75226</td> </tr> </table>		City	State	Zip Code	Dallas	TX	75226
City		State	Zip Code				
Dallas	TX	75226					
Purpose of Expenditure Media production							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Perkins, Randy, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 18 State: FL						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1814801.72</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>Push Digital</b>	Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016						
Mailing Address P.O. Box 21892	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118072.00</div> Transaction ID : <b>SB.87</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">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:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Charleston</td> <td>SC</td> <td>29413</td> </tr> </table>		City	State	Zip Code	Charleston	SC	29413
City		State	Zip Code				
Charleston	SC	29413					
Purpose of Expenditure Media placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Gallego, Pete, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 23 State: TX						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">118435.33</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;">136072.00</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

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>Congressional 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;">C00504530</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>American Media &amp; Advocacy Group</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>815 Slaters Lane</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1498000.48</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.88</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 07 / 2016		
Name of Federal Candidate: Gallego, Pete, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1616435.81</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>SRCP 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 / 11 / 2016		
Mailing Address <b>201 N Union St Suite 200</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40569.19</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.89</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		
Name of Federal Candidate: Gallego, Pete, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1657005.00</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; text-align: right;">1538569.67</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

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>Congressional 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> C00504530                 </div>
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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>SRCP Media</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">18</span> / <span style="font-size: 24px; font-weight: bold;">2016</span> </div>
Mailing Address 201 N Union St Suite 200	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20979.00</div> Transaction ID : <b>SB.90</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">19</span> / <span style="font-size: 24px; font-weight: bold;">2016</span> </div>
City Alexandria    State VA    Zip Code 22314	
Purpose of Expenditure Media production    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Gallego, Pete, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">1677984.00</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>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">11</span> / <span style="font-size: 24px; font-weight: bold;">2016</span> </div>
Mailing Address 815 Slaters Lane	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">952836.80</div> Transaction ID : <b>SB.91</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">10</span> / <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">07</span> / <span style="font-size: 24px; font-weight: bold;">2016</span> </div>
City Alexandria    State VA    Zip Code 22314	
Purpose of Expenditure Media placement    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Bera, Ami, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right;">953200.13</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;">973815.80</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>Congressional 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;">C</span> C00504530                 </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: 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 / 11 / 2016</div>	
Mailing Address 1911 N Fort Myer Drive Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14804.21</div>	
City Arlington	State VA	Zip Code 22209	<b>Transaction ID : SB.92</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 / 11 / 2016</div>
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Bera, Ami, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">968004.34</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>DMM Media</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 / 11 / 2016</div>	
Mailing Address 1911 N Fort Myer Drive Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2795.52</div>	
City Arlington	State VA	Zip Code 22209	<b>Transaction ID : SB.93</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 / 11 / 2016</div>
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Bera, Ami, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">970799.86</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;">17599.73</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>

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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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: The Prosper Group Corp.
Mailing Address: 435 E Main St, Suite 250, Greenwood, IN 46143
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 19042.00
Transaction ID: SB.94
Date of Disbursement or Obligation: 10/11/2016
Name of Federal Candidate: Bera, Ami, ,
Office Sought: House, District: 07, State: CA
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 989841.86

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane, Alexandria, VA 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 10/11/2016
Amount: 927513.04
Transaction ID: SB.95
Date of Disbursement or Obligation: 10/07/2016
Name of Federal Candidate: Nolan, Rick, ,
Office Sought: House, District: 08, State: MN
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 927513.04

(a) SUBTOTAL of Itemized Independent Expenditures: 946555.04
(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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: DMM Media
Mailing Address: 1911 N Fort Myer Drive, Suite 400, Arlington, VA 22209
Purpose of Expenditure: Media production
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, , Support/Oppose
Office Sought: House, District: 08, State: MN
Amount: 14928.67
Transaction ID: SB.96
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 942441.71

Full Name of Payee: The Prosper Group Corp.
Mailing Address: 435 E Main St, Suite 250, Greenwood, IN 46143
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, , Support/Oppose
Office Sought: House, District: 08, State: MN
Amount: 83774.00
Transaction ID: SB.97
Date of Disbursement or Obligation: 10/11/2016
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 1026215.71

(a) SUBTOTAL of Itemized Independent Expenditures: 98702.67
(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>Congressional 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;">C00504530</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="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016						
Mailing Address 1911 N Fort Myer Drive Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2867.54</div> Transaction ID : <b>SB.98</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 13 / 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 Media production							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Nolan, Rick, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MN						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1029083.25</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>American Media &amp; Advocacy Group</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 815 Slaters Lane	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">743083.44</div> Transaction ID : <b>SB.99</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 07 / 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>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table>		City	State	Zip Code	Alexandria	VA	22314
City		State	Zip Code				
Alexandria	VA	22314					
Purpose of Expenditure Media placement							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Nolan, Rick, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: MN						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1772166.69</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;">745950.98</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>Congressional 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> C00504530                 </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>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      10 / 18 / 2016                 </div>			
Mailing Address <b>815 Slaters Lane</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">44945.52</span> </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Alexandria</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Media placement				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Nolan, Rick, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>08</u> State: <u>MN</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">1817112.21</span> </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>DMM Media</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      10 / 18 / 2016                 </div>			
Mailing Address <b>1911 N Fort Myer Drive Suite 400</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">14949.87</span> </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Arlington</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22209</td> </tr> </table>		City Arlington	State VA	Zip Code 22209
City Arlington		State VA	Zip Code 22209	
Purpose of Expenditure Media production				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Nolan, Rick, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>08</u> State: <u>MN</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">1832062.08</span> </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;"> <span style="font-size: 24px; font-weight: bold;">59895.39</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: 24px; font-weight: bold;">0.00</span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">59895.39</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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: DMM Media
Mailing Address: 1911 N Fort Myer Drive, Suite 400, Arlington, VA 22209
Purpose of Expenditure: Media production
Category/Type: 004
Name of Federal Candidate: Nolan, Rick, , Support/Oppose
Office Sought: House, District: 08, State: MN
Amount: 2789.54
Transaction ID: SB.102
Date of Disbursement or Obligation: 10/19/2016
Disbursement For: General 2016

Full Name of Payee: American Media & Advocacy Group
Mailing Address: 815 Slaters Lane, Alexandria, VA 22314
Purpose of Expenditure: Media placement
Category/Type: 004
Name of Federal Candidate: Rosen, Jacky, , Support/Oppose
Office Sought: House, District: 03, State: NV
Amount: 992189.70
Transaction ID: SB.103
Date of Disbursement or Obligation: 10/07/2016
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 994979.24
(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>Congressional Leadership Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>RedPrint Strategy</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. Box 710993	Amount <input type="text"/>
City Herndon State VA Zip Code 20171	
Purpose of Expenditure Media production Category/Type <input type="text"/>	Transaction ID : <b>SB.104</b>
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	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 <input type="text"/>	2016

Full Name of Payee <b>Targeted Victory</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1033 North Fairfax Street Suite 400	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Media placement Category/Type <input type="text"/>	Transaction ID : <b>SB.105</b>
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	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 <input type="text"/>	2016

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(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>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504530
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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>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 815 Slaters Lane	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	<b>Transaction ID : SB.106</b>
Purpose of Expenditure Media placement Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1109888.97	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>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 815 Slaters Lane	Amount <input type="text"/>
City Alexandria State VA Zip Code 22314	<b>Transaction ID : SB.107</b>
Purpose of Expenditure Media placement Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rosen, Jacky, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2103268.67	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"/> 1053382.14
(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>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00504530
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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>American Media &amp; Advocacy Group</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 815 Slaters Lane		Amount <input type="text"/>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB.108</b>
Purpose of Expenditure Media placement		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rosen, Jacky, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</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 checked="" type="checkbox"/> Memo Item <b>RedPrint Strategy</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Independent expenditure paid after dissemination. See Schedule D		Amount <input type="text"/>	
Mailing Address P.O. Box 710993	City Herndon	State VA	Zip Code 20171
Purpose of Expenditure Media production		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Rosen, Jacky, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</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>Congressional 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> C00504530                 </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>American Media &amp; Advocacy Group</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      10 / 11 / 2016                 </div>			
Mailing Address <b>815 Slaters Lane</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">595156.00</span> </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 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Media placement				
Name of Federal Candidate: Bennett, LuAnn, , ,	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
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) ▶			
Name of Federal Candidate: Bennett, LuAnn, , ,	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>			
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) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Prosper Group Corp.</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</span>                      10 / 11 / 2016                 </div>			
Mailing Address <b>435 E Main St Suite 250</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">83928.00</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Greenwood</td> <td style="width:17%; padding: 2px;">State IN</td> <td style="width:50%; padding: 2px;">Zip Code 46143</td> </tr> </table>		City Greenwood	State IN	Zip Code 46143
City Greenwood		State IN	Zip Code 46143	
Purpose of Expenditure Media placement				
Name of Federal Candidate: Bennett, LuAnn, , ,	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>			
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) ▶			
Name of Federal Candidate: Bennett, LuAnn, , ,	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>			
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) ▶			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;">679084.00</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: 24px; font-weight: bold;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 24px; font-weight: bold;"> </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  
 Signature 10 / 27 / 2016

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

NAME OF COMMITTEE (In Full) <b>Congressional 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> C00504530                 </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>RedPrint Strategy</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 11 / 2016		
Mailing Address P.O. Box 710993			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15926.50</div>		
City Herndon	State VA	Zip Code 20171			
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.112</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016		
Name of Federal Candidate: Bennett, LuAnn, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: VA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">695373.83</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>American Media &amp; Advocacy Group</b>			Date of Public Distribution/Dissemination <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 18 / 2016		
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">593031.00</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.113</b> Date of Disbursement or Obligation <span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span> 10 / 07 / 2016		
Name of Federal Candidate: Bennett, LuAnn, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: VA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1288404.83</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;">608957.50</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)
Congressional Leadership Fund
FEC IDENTIFICATION NUMBER
C C00504530

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

Full Name of Payee: The Prosper Group Corp.
Mailing Address: 435 E Main St, Suite 250, Greenwood, IN 46143
Purpose of Expenditure: Media placement
Category/Type: 004
Date of Public Distribution/Dissemination: 10/18/2016
Amount: 50000.00
Transaction ID: SB.114
Date of Disbursement or Obligation: 10/18/2016
Name of Federal Candidate: Eggman, Michael, , Support/Oppose
Office Sought: House, District: 10, State: CA
Disbursement For: General 2016

Full Name of Payee: Honold Communications
Mailing Address: 252 9th Street NE, Washington, DC 20002
Purpose of Expenditure: Media production
Category/Type: 004
Date of Public Distribution/Dissemination: 10/18/2016
Amount: 12432.48
Transaction ID: SB.115
Date of Disbursement or Obligation: 10/20/2016
Name of Federal Candidate: Eggman, Michael, , Support/Oppose
Office Sought: House, District: 10, State: CA
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 50000.00
(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>Congressional 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;">C00504530</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>American Media &amp; Advocacy Group</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2016		
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1614177.60</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.116</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		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Eggman, Michael, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: CA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1676610.08</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>American Media &amp; Advocacy Group</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 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">329403.36</div>		
City Alexandria	State VA	Zip Code 22314			
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SB.117</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		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Mowrer, Jim, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: IA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">329403.36</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;">1943580.96</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

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>Congressional 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> C00504530                 </div>
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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>The Prosper Group Corp.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Mailing Address 435 E Main St Suite 250	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">88575.00</div> Transaction ID : <b>SB.118</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
City Greenwood    State IN    Zip Code 46143	
Purpose of Expenditure Media placement    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Mowrer, Jim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">417978.36</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;">10</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
Mailing Address 1911 N Fort Myer Drive Suite 400	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14918.46</div> Transaction ID : <b>SB.119</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>
City Arlington    State VA    Zip Code 22209	
Purpose of Expenditure Media production    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Mowrer, Jim, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">432896.82</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;">103493.46</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>Congressional 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;">C00504530</span> </div>
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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>DMM Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 18 / 2016</span>			
Mailing Address 1911 N Fort Myer Drive Suite 400	Amount <span style="border: 1px solid black; padding: 2px;">2813.32</span>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Arlington</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22209</td> </tr> </table>		City Arlington	State VA	Zip Code 22209
City Arlington		State VA	Zip Code 22209	
Purpose of Expenditure Media production				
Name of Federal Candidate: <input type="checkbox"/> Support Mowrer, Jim, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IA			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">435710.14</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>SRCP Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 19 / 2016</span>			
Mailing Address 201 N Union St Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">19783.00</span>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Alexandria</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA	Zip Code 22314
City Alexandria		State VA	Zip Code 22314	
Purpose of Expenditure Media production				
Name of Federal Candidate: <input type="checkbox"/> Support Heinz, Matt, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">19783.00</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="border: 1px solid black; padding: 2px;">22596.32</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

10 / 27 / 2016

Signature

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C C00504530</b>
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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>American Media &amp; Advocacy Group</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>815 Slaters Lane</b>		Amount <input type="text"/>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>Media placement</b>		Category/Type <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Heinz, Matt, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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>Push Digital</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>P.O. Box 21892</b>		Amount <input type="text"/>
City <b>Charleston</b>	State <b>SC</b>	Zip Code <b>29413</b>
Purpose of Expenditure <b>Media placement</b>		Category/Type <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Heinz, Matt, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>02</b> State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
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(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(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>Congressional 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> C00504530                 </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>American Media &amp; Advocacy Group</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 815 Slaters Lane		Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 663412.92	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SB.124</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 17 / 2016
Purpose of Expenditure Media placement		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Ashford, Brad, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NE	
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> 663776.26			

Full Name of Payee <input type="checkbox"/> Memo Item <b>Something Else Strategies</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 212 Golden Willow Ct		Amount <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 19000.00	
City Easley	State SC	Zip Code 29642	<b>Transaction ID : SB.125</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 10 / 17 / 2016
Purpose of Expenditure Media production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Ashford, Brad, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NE	
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> 682776.26			

<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> 682412.92
<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>

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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>Congressional Leadership Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
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Check if  24-hour report  48-hour report  New report Amends report filed on MM / DD / YYYY

Full Name of Payee <b>Push Digital</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>
Mailing Address P.O. Box 21892	Amount <b>63249.99</b>
City Charleston State SC Zip Code 29413	
Purpose of Expenditure Media placement Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2016</b>
Name of Federal Candidate: Ashford, Brad, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought <b>746026.25</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>American Media &amp; Advocacy Group</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2016</b>
Mailing Address 815 Slaters Lane	Amount <b>1938724.04</b>
City Alexandria State VA Zip Code 22314	
Purpose of Expenditure Media placement Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2016</b>
Name of Federal Candidate: Santarsiero, Steve, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <b>1939087.37</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>2001974.03</b>
(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

MM / DD / YYYY  
**10 / 27 / 2016**

Signature

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

NAME OF COMMITTEE (In Full) <b>Congressional 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;">C00504530</span> </div>
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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>Push Digital</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 18 / 2016</span>
Mailing Address P.O. Box 21892	Amount <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">59169.00</span>
City Charleston    State SC    Zip Code 29413	
Purpose of Expenditure Media placement    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Santarsiero, Steve, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 1.2em;"></span> 1998256.37	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>Scott Howell &amp; Company</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 18 / 2016</span>
Mailing Address 3900 Willow St Suite 200	Amount <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">15500.00</span>
City Dallas    State TX    Zip Code 75226	
Purpose of Expenditure Media production    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Santarsiero, Steve, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 1.2em;"></span> 2013756.37	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; display: block; text-align: right;">74669.00</span>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </span>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: block; text-align: right;"> </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

10 / 27 / 2016

Signature



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

NAME OF COMMITTEE (In Full) <b>Congressional 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> C00504530                 </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>Whatman Associates</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 / 08 / 2016</div>			
Mailing Address 6650 Stoffer Rd.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">299900.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Bellville</td> <td style="width:17%; padding: 2px;">State OH</td> <td style="width:50%; padding: 2px;">Zip Code 44813</td> </tr> </table>		City Bellville	State OH	Zip Code 44813
City Bellville		State OH	Zip Code 44813	
Purpose of Expenditure Canvassing				
Name of Federal Candidate: Plumb, John, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
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) ▶			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:17%; padding: 2px;">State</td> <td style="width:50%; padding: 2px;">Zip Code</td> </tr> </table>	City	State	Zip Code	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>
City	State	Zip Code		
Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY				

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>			
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:17%; padding: 2px;">State</td> <td style="width:50%; padding: 2px;">Zip Code</td> </tr> </table>		City	State	Zip Code
City		State	Zip Code	
Purpose of Expenditure				
Name of Federal Candidate:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:17%; padding: 2px;">State</td> <td style="width:50%; padding: 2px;">Zip Code</td> </tr> </table>	City	State	Zip Code	Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>
City	State	Zip Code		
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">299900.00</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;">19010478.97</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