

**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

Senate Leadership Fund

ADDRESS (number and street)

45 North Hill Drive

Ste 100

Warrenton

VA

20186

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571703

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
11 24 2020

through

M M / D D / Y Y Y Y Y Y  
12 31 2020

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

M M / D D / Y Y Y Y Y Y  
03 18 2021

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Senate Leadership Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		24		2020

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																				
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="10">30841150.22</td></tr></table>	30841150.22									
Y	Y	Y	Y	Y																		
2020																						
30841150.22																						
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="10">60796056.59</td></tr></table>	60796056.59																				
60796056.59																						
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="10">62226965.39</td></tr></table>	62226965.39										<table><tr><td colspan="10">447043278.31</td></tr></table>	447043278.31									
62226965.39																						
447043278.31																						
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="10">123023021.98</td></tr></table>	123023021.98										<table><tr><td colspan="10">477884428.53</td></tr></table>	477884428.53									
123023021.98																						
477884428.53																						
<hr/>																						
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="10">117856347.65</td></tr></table>	117856347.65										<table><tr><td colspan="10">472717754.20</td></tr></table>	472717754.20									
117856347.65																						
472717754.20																						
<hr/>																						
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="10">5166674.33</td></tr></table>	5166674.33										<table><tr><td colspan="10">5166674.33</td></tr></table>	5166674.33									
5166674.33																						
5166674.33																						
<hr/>																						
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="10">0.00</td></tr></table>	0.00																				
0.00																						
<hr/>																						
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="10">0.00</td></tr></table>	0.00																				
0.00																						



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Senate Leadership Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		24		2020

To:

M M	/	D D	/	Y Y Y Y
12		31		2020

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).....	39370444.01	363772126.98
(ii) Unitemized .....	16713.55	104103.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39387157.56	363876230.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	342300.00	4425143.60
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	39729457.56	368301373.68
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).....	32507.83	1276904.63
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	22465000.00	77465000.00
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)) .....	62226965.39	447043278.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62226965.39	447043278.31

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	- 2472117.34	12068412.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	- 2472117.34	12068412.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73007500.00	166838056.82
24. Independent Expenditures (use Schedule E) .....	47320964.99	293307285.31
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	504000.00
(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	504000.00
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)) ..	117856347.65	472717754.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117856347.65	472717754.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	39729457.56	368301373.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	504000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39729457.56	367797373.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	- 2472117.34	12068412.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	32507.83	1276904.63
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	- 2504625.17	10791507.44

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

Form/Schedule: F3XA  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. CAMERON, RONALD, , ,

Mailing Address P.O. BOX 21440

City  
NORTH LITTLE ROCK

State  
AR

Zip Code  
72119-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOUNTAIRE CORP

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA11A.19075

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

B. HARRIS, DANIEL, , ,

Mailing Address 15 CARRIAGE HOUSE LANE

City  
MAMARONECK

State  
NY

Zip Code  
10543-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUP

Occupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA11A.19114

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

C. HOBBS, FRED, , ,

Mailing Address 2840 LEEDS COURT

City  
AUBURN

State  
CA

Zip Code  
95603-9032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SACRAMENTO SAUNA

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA11A.19101

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

1001100.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. KRIETE, ROBERTO, , ,

Mailing Address 2 ALHAMBRA PLAZA

City  
MIAMIState  
FLZip Code  
33134-5202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KENTIA CAPITAL LLCOccupation (for Individual)  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2020

Transaction ID : SA11A.19102

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

B. MARLOW, BRUCE, , ,

Mailing Address 510 EAST PEARL AVE

City  
JACKSONState  
WYZip Code  
83001-8411FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2020

Transaction ID : SA11A.19100

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 CONTRIBUTION

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

C. SCHWAB, CHARLES, R., ,

Mailing Address P.O. BOX 192861

City  
SAN FRANCISCOState  
CAZip Code  
94119-2861FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHARLES SCHWAB CORPORATIONOccupation (for Individual)  
CHAIRMAN AND FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2020

Transaction ID : SA11A.19076

Amount of Each Receipt this Period

2500000.00

☐ Memo Item  
 CONTRIBUTION

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

2505500.00

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



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. STAMAS, MICHAEL, , ,

Mailing Address 9281 PROVINCE LANE

City  
BRECKSVILLEState  
OHZip Code  
44141-1780FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA11A.19097

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. STERN, MARC, , ,

Mailing Address 23700 MALIBU COLONY ROAD

City  
MALIBUState  
CAZip Code  
90265-6629FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE TCW GROUP, INCOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA11A.18986

Amount of Each Receipt this Period

45000.00

☐ Memo Item  
CONTRIBUTION

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

C. SNF MANAGEMENT

Mailing Address 9200 SUNSET BOULEVARD  
SUITE 700City  
WEST HOLLYWOODState  
CAZip Code  
90069-3603FEC 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 ▼

35000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 24 / 2020

Transaction ID : SA11A.19077

Amount of Each Receipt this Period

35000.00

☐ Memo Item  
CONTRIBUTION

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

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

80100.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. BENARD, WILLIAM, , ,

Mailing Address 9835 SW 77TH PL

City  
MIAMIState  
FLZip Code  
33156-8103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BENIT HOLDINGSOccupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19124

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

B. COX, HOWARD, E., ,

Mailing Address 200 SEAPORT BLVD  
S7ACity  
BOSTONState  
MAZip Code  
02210-2031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19008

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

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

C. FRIESE, DONALD, E., ,

Mailing Address 20029 NORTHRIDGE ROAD

City  
CHATSWORTHState  
CAZip Code  
91311-1823FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19007

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

750500.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. HEIN, RON, , ,**

Mailing Address 140 LA VEREDA ROAD

City  
SANTA BARBARA

State  
CA

Zip Code  
93108-2527

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2020

**Transaction ID : SA11A.19121**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. LOZIER, DAVID, , ,**

Mailing Address 7420 WESTERFIELD ROAD

City  
LYNDEN

State  
WA

Zip Code  
98264-9381

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 ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2020

**Transaction ID : SA11A.19125**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MARLOW, JILL, , ,**

Mailing Address 510 E PEARL AVE, POB 10670

City  
JACKSON

State  
WY

Zip Code  
83001-8411

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 ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2020

**Transaction ID : SA11A.19127**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

15250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. MCMAHON, LINDA, E., ,

Mailing Address 14 HURLINGHAM DRIVE

City  
GREENWICHState  
CTZip Code  
06831-2739FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCMAHON VENTURESOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19067

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

B. MILLER, GERALD, , ,

Mailing Address 2 PRESTIGE PLACE, STE. 230

City  
MIAMISBURGState  
OHZip Code  
45342-6101FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19122

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

C. RONALDS, NICK, , ,

Mailing Address 819 16TH STREET

City  
WILMETTEState  
ILZip Code  
60091-2432FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19123

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

260250.00

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

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

FOR LINE NUMBER: PAGE 13 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. SINGER, PAUL, ELLIOTT, ,

Mailing Address 292 NEWBURY STREET  
 BOX 150

City  
 BOSTON

State  
 MA

Zip Code  
 02115-2801

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 EMC

Occupation (for Individual)  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2020

Transaction ID : SA11A.19066

Amount of Each Receipt this Period

2500000.00

☐ Memo Item  
 CONTRIBUTION

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

B. SULLIVAN, CORNELIUS, , ,

Mailing Address 335 E RIDGEWOOD AVE 2K

City

RIDGEWOOD

State

NJ

Zip Code

07450-3356

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2020

Transaction ID : SA11A.19117

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

C. TURNER, LEE, , ,

Mailing Address 711 INDIANA AVE

City

LEMOYNE

State

PA

Zip Code

17043-1566

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 TURNER AUTOMOTIVE CORP

Occupation (for Individual)  
 AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2020

Transaction ID : SA11A.19118

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

2500750.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. WILSON, KEVIN, , ,

Mailing Address 13286 RAVINE VIEW DRIVE

City  
GRAND HAVEN

State  
MI

Zip Code  
49417-9170

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19126

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. YUDKOFF, ROYCE, , ,

Mailing Address 188 HEATH STREET

City  
CHESTNUT HILL

State  
MA

Zip Code  
02467-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ABRY PARTNERS

Occupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19119

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

C. EMERSON ELECTRIC

Mailing Address 8000 WEST FLORISSANT AVENUE  
P.O. BOX 4100

City  
ST. LOUIS

State  
MO

Zip Code  
63136-8506

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19068

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

75100.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. PATTMAN, LLC**

Mailing Address 3309 COLLINS LANE

City  
LOUISVILLE

State  
KY

Zip Code  
40245-1629

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

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19080

Amount of Each Receipt this Period

200000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PEABODY INVESTMENT CORP.**

Mailing Address 701 MARKET SREET

City  
ST. LOUIS

State  
MO

Zip Code  
63101-

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

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19065

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**C. PLANTATION MANAGEMENT CO., LLC**

Mailing Address 301 VETERANS BLVD.

City  
DENHAM SPRINGS

State  
LA

Zip Code  
70726-4722

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

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2020

Transaction ID : SA11A.19079

Amount of Each Receipt this Period

25000.00

☐ 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: PAGE 16 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. KLEINER, DANIEL, , ,

Mailing Address 41 BRONSON MOUNTAIN

City  
ROXBURYState  
CTZip Code  
06783-2126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WATERBURY HOSPITALOccupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2020

Transaction ID : SA11A.19130

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 CONTRIBUTION

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

B. TAFF, ED, , ,

Mailing Address PO BOX 620715

City

NEWTON LOWER FALLS

State

MA

Zip Code

02462-0715

FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2020

Transaction ID : SA11A.19132

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

C. MICHELSON, MICHAEL, , ,

Mailing Address 6112 N. NAUNI VALLEY DRIVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253-5162

FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2020

Transaction ID : SA11A.19245

Amount of Each Receipt this Period

40000.00

☐ Memo Item  
 CONTRIBUTION

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

45250.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. MILAM, RICHARD, , ,**

Mailing Address 1110 SW IVANHOE AVE. STE 29

City  
ORLANDO

State  
FL

Zip Code  
32804-6372

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2020

**Transaction ID : SA11A.19135**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. NICOUD, JUDITH, , ,**

Mailing Address 1121 RAHARA DR

City  
LAFAYETTE

State  
CA

Zip Code  
94549-2720

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2020

**Transaction ID : SA11A.19142**

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

**C. PEZZINO, JAMES, , ,**

Mailing Address 1605 MIDDLE GULF DR #115

City  
SANIBEL

State  
FL

Zip Code  
33957-7605

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2020

**Transaction ID : SA11A.19136**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 18 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. PONNUSWAMY, RAJ, , ,

Mailing Address 3010 GLEN EAGLES COURT

City

SAINT CHARLES

State

IL

Zip Code

60174-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RANAJ

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2020

Transaction ID : SA11A.19244

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. PORTLEY, PETER, , ,

Mailing Address 2211 EAST SAMPLE RD, SUITE 204

City

POMPANO BEACH

State

FL

Zip Code

33064-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2020

Transaction ID : SA11A.19139

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

C. SCHWAB, HELEN, O'NEILL, ,

Mailing Address PO BOX 192861

City

SAN FRANCISCO

State

CA

Zip Code

94119-2861

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5750000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2020

Transaction ID : SA11A.19104

Amount of Each Receipt this Period

2500000.00

☐ Memo Item  
CONTRIBUTION

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

2501100.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. THOMSEN, GORDON, , ,

Mailing Address 4769 VALLEY VIEW CT

City  
DUNWOODYState  
GAZip Code  
30338-4816FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2020

Transaction ID : SA11A.19140

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. BERLIE, CECIL, , ,

Mailing Address 3502 OAKDALE CT

City  
EAU CLAIREState  
WIZip Code  
54701-9037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCHSOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2020

Transaction ID : SA11A.19247

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

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

C. FINELLI, FRANCIS, , ,

Mailing Address 2700 NORTH OCEAN DRIVE, UNIT 704A

City  
SINGER ISLANDState  
FLZip Code  
33404-4771FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUPOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2020

Transaction ID : SA11A.19255

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

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

11020.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 283  
(check only one)

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

**Senate Leadership Fund**

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

**A. MOORE, JAMES, , ,**

Mailing Address 8473 CASLAN AVE

City  
FAIR OAKSState  
CAZip Code  
95628-3845FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF CALIFORNIAOccupation (for Individual)  
TECHNOLOGY SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2020

Transaction ID : SA11A.19251

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PECK, LUCY, , ,**

Mailing Address 9351 N BECK RD

City  
PLYMOUTHState  
MIZip Code  
48170-3330FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2020

Transaction ID : SA11A.19253

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. WELLS, HELEN, , ,**

Mailing Address 281 MONTGOMERY DR

City  
SPARTANBURGState  
SCZip Code  
29302-3443FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2020

Transaction ID : SA11A.19248

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 21 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. WILLIAMS, DAVID, , ,**

Mailing Address 204 WEXLEIGH DRIVE

City  
HENRICO

State  
VA

Zip Code  
23229-7650

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COMMONWEALTH COMMERCIAL

Occupation (for Individual)  
REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2020

**Transaction ID : SA11A.19249**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. ARNHOLT, CYNTHIA, , ,**

Mailing Address 4110 SUTHERLAND AVENUE

City  
KNOXVILLE

State  
TN

Zip Code  
37919-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19220**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**C. ARNHOLT, DAVID, , ,**

Mailing Address P.O. BOX 10186

City  
KNOXVILLE

State  
TN

Zip Code  
37939-0186

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PILOT TRAVEL CENTER

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19221**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

51000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. ASNESS, CLIFF, , ,

Mailing Address 750 3RD AVENUE  
FLOOR 11

City  
NEW YORK

State  
NY

Zip Code  
10017-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AQR CAPITAL MANAGEMENT

Occupation (for Individual)  
FOUNDING AND MANAGING PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19149

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

B. BARCLAY, DOUGLAS, H., , II

Mailing Address 148 CLAIRVAUX DRIVE

City  
SCOTTSBORO

State  
AL

Zip Code  
35769-9269

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19192

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

C. BROWN, ANTHONY, T., ,

Mailing Address 101 CARRIE SPRINGS CT

City  
HUNTSVILLE

State  
AL

Zip Code  
35806-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19201

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

101000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. BUSER, CURT, , ,

Mailing Address 6633 BYRNS PLACE

City  
MCLEANState  
VAZip Code  
22101-4419FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUPOccupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19173

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

B. CALDWELL, L., H., , III

Mailing Address 736 MARKET STREET  
SUITE 1400City  
CHATTANOOGAState  
TNZip Code  
37402-4815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CALDWELL MANAGEMENT GROUPOccupation (for Individual)  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19166

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

C. CALHOUN, DAVID, , ,

Mailing Address P.O. BOX 713

City  
SUNAPEEState  
NHZip Code  
03782-0713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BOEINGOccupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19187

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

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

35000.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. CHARERN, DUSIT, , ,**

Mailing Address P.O. BOX 369

City  
ARDMORE

State  
TN

Zip Code  
38449-0369

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 ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19196**

Amount of Each Receipt this Period

7000.00

☐ Memo Item  
CONTRIBUTION

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

**B. DEVOS, DANIEL, G., ,**

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City  
GRAND RAPIDS

State  
MI

Zip Code  
49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDV CORPORATION

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19147**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

**C. DEVOS, DOUGLAS, L., ,**

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City  
GRAND RAPIDS

State  
MI

Zip Code  
49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDV CORPORATION

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19151**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

SEE REATTRIBUTION

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

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

507000.00



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

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

FOR LINE NUMBER: PAGE 25 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. DEVOS, DOUGLAS, L., ,**

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City  
GRAND RAPIDS

State  
MI

Zip Code  
49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDV CORPORATION

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

**Transaction ID : SA11A.19153**

Amount of Each Receipt this Period

- 125000.00

☒ Memo Item  
CONTRIBUTION

REATTRIBUTION TO SPOUSE

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

**B. DEVOS, MARIA, P., ,**

Mailing Address 126 OTTAWA AVENUE NW, STE. 500

City  
GRAND RAPIDS

State  
MI

Zip Code  
49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDV CORPORATION

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

**Transaction ID : SA11A.19152**

Amount of Each Receipt this Period

125000.00

☒ Memo Item  
CONTRIBUTION

REATTRIBUTION FROM SPOUSE

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

**C. DEVOS, SUZANNE, CHERYL, ,**

Mailing Address 126 OTTAWA AVENUE, NW, STE. 500

City  
GRAND RAPIDS

State  
MI

Zip Code  
49503-2882

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RDV CORPORATION

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19146**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

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

250000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. DUNAWAY, DENNIS, , ,

Mailing Address 2845 JEFF ROAD NORTHWEST

City  
HARVESTState  
ALZip Code  
35749-8647FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETECOccupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19202

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

B. ELMS, STEVE, , ,

Mailing Address 1200 FIFTH AVENUE

City  
NEW YORKState  
NYZip Code  
10029-5208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AISLING CAPITAL LLCOccupation (for Individual)  
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19258

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

C. GOLDSMITH, ROBERT, H., ,

Mailing Address 138 BELLINGHAM DRIVE

City  
MADISONState  
ALZip Code  
35758-6826FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLE TECOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19193

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

2500.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. GOODNIGHT, JAMES, H., ,

Mailing Address 900 APPLETREE LANE

City  
CARYState  
NCZip Code  
27513-3000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAS INSTITUTEOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19171

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

B. HASLAM, JAMES, A., , III

Mailing Address P.O. BOX 10528

City  
KNOXVILLEState  
TNZip Code  
37939-0528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLEVELAND BROWNSOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19185

Amount of Each Receipt this Period

125000.00

☐ Memo Item  
CONTRIBUTION

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

C. HASLAM, SUSAN, B., ,

Mailing Address PO BOX 10528

City  
KNOXVILLEState  
TNZip Code  
37939-0528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLEVELAND BROWNSOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19183

Amount of Each Receipt this Period

125000.00

☐ Memo Item  
CONTRIBUTION

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

500000.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. HEMPHILL, BENJAMIN, , ,**

Mailing Address P.O. BOX 1080

City  
PONCHATOULA

State  
LA

Zip Code  
70454-1080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FIRST HERITAGE CREDIT OF MISSISSIPPI

Occupation (for Individual)

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19155**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. HERRIGES, DARRELL, , ,**

Mailing Address 213 WATTERSON WAY

City  
MADISON

State  
AL

Zip Code  
35756-3492

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PEOPLE TEC

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19200**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HORGEN, CHRIS, , ,**

Mailing Address 207 EASTSIDE SQUARE

City  
HUNTSVILLE

State  
AL

Zip Code  
35801-4802

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19190**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2500.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. HUBBARD, KAREN, H., ,**

Mailing Address 3415 UNIVERSITY AVENUE

City  
SAINT PAUL

State  
MN

Zip Code  
55114-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUBBARD BROADCASTING

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19793**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUBBARD, STANLEY, S., ,**

Mailing Address 3415 UNIVERSITY AVENUE

City  
SAINT PAUL

State  
MN

Zip Code  
55114-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUBBARD BROADCASTING

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19794**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HUNT, WOODY, L., ,**

Mailing Address 4401 NORTH MESA STREET

City  
EL PASO

State  
TX

Zip Code  
79902-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNT COMPANIES, INC.

Occupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19182**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

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

104000.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 30 OF 283

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. JENNINGS, FRANK, D., ,**

Mailing Address LEWISBURG HIGHWAY

City  
FAYETTEVILLE

State  
TN

Zip Code  
37334-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLE TEC

Occupation (for Individual)  
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19197**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. JENNINGS, TERRY, , ,**

Mailing Address 2001 LEWISBURG HIGHWAY

City  
FAYETTEVILLE

State  
TN

Zip Code  
37334-2167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLE TEC

Occupation (for Individual)  
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19195**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. JOHNSON, JAMES, W., ,**

Mailing Address P.O. BOX 11086

City  
KNOXVILLE

State  
TN

Zip Code  
37939-1086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FLYING PILOT J

Occupation (for Individual)  
CHIEF EXPERIENCE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19219**

Amount of Each Receipt this Period

19400.00

☐ Memo Item  
CONTRIBUTION

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

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

20900.00

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. JOHNSON, WHITNEY, HASLAM, ,

Mailing Address P.O. BOX 11086

City  
KNOXVILLE

State  
TN

Zip Code  
37939-1086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FLYING PILOT J

Occupation (for Individual)  
CHIEF EXPERIENCE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19218

Amount of Each Receipt this Period

19400.00

☐ Memo Item  
CONTRIBUTION

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

B. KEMPNER, MICHAEL, , ,

Mailing Address 37 FROST MILL ROAD

City  
MILL NECK

State  
NY

Zip Code  
11765-1105

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19269

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

C. KILLOUGH, GRAHAM, , ,

Mailing Address 1222 CHESSER DRIVE SOUTHEAST

City  
HUNTSVILLE

State  
AL

Zip Code  
35803-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC, INC.

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19191

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

21400.00

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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. KRUEGER, RICK, , ,

Mailing Address PO BOX 548

City  
BELFAIRState  
WAZip Code  
98528-0548FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19267

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. LEONE, DOUG, , ,

Mailing Address 13385 ROBLEDA ROAD

City  
LOS ALTOS HILLSState  
CAZip Code  
94022-3490FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEQUOIA CAPITALOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19223

Amount of Each Receipt this Period

393500.00

☐ Memo Item  
CONTRIBUTION

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

C. LIGHT, DONALD, , ,

Mailing Address 2402 SHARON OAKS DR

City  
MENLO PARKState  
CAZip Code  
94025-6829FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MMCOccupation (for Individual)  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19276

Amount of Each Receipt this Period

540.00

☐ Memo Item  
CONTRIBUTION

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

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

395040.00



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. LINDIA, FABIO, , ,**

Mailing Address 2 CENTER RD

City

OLD GREENWICH

State

CT

Zip Code

06870-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JPMORGAN

Occupation (for Individual)

BANKING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19260

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

**B. MILZCIK, GREG, , ,**

Mailing Address 9203 EAST BRAHMA ROAD

City

SCOTTSDALE

State

AZ

Zip Code

85262-1088

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETORED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19176

Amount of Each Receipt this Period

75000.00

☐ Memo Item

CONTRIBUTION

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

**C. MOORE, MEGAN, L., ,**

Mailing Address 101 ROCKINGHAM CIRCLE

City

MADISON

State

AL

Zip Code

35756-3485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PEOPLETEC

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19204

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

76500.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. NICHOLS, J., D., ,**

Mailing Address 500 NORTH HURSTBOURNE PARKWAY  
SUITE 400

City  
LOUISVILLE

State  
KY

Zip Code  
40222-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NTS DEVELOPMENT COMPANY

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19179**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**B. NICHOLSON, TINA, G., ,**

Mailing Address 3704 LADY BANKS LANE NORTHWEST

City  
HUNTSVILLE

State  
AL

Zip Code  
35806-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19205**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. NORDAHL, STEPHEN, , ,**

Mailing Address 18 VINE STREET

City  
BRONXVILLE

State  
NY

Zip Code  
10708-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GIBSON DUNN

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19274**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

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

103000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. NUNN, WARREN, , ,**

Mailing Address 101 EAST MAIN STREET

City  
HALLS

State  
TN

Zip Code  
38040-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BANK OF HALLS

Occupation (for Individual)  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19168**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. OSTEEN, ANNA, , ,**

Mailing Address 715 SWANSON BOULEVARD

City

FAYETTEVILLE

State

TN

Zip Code

37334-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19206**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. PAPHITES, TASSOS, , ,**

Mailing Address 1800 BROAD BAY CIRCLE

City

VIRGINIA BEACH

State

VA

Zip Code

23454-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BURGER BUSTERS INC.

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19170**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

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

15500.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. PERKINS-LEONE, PATRICIA, , ,

Mailing Address 13385 ROBLEDA ROAD

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-3490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19222

Amount of Each Receipt this Period

393500.00

☐ Memo Item  
CONTRIBUTION

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

B. PETERFFY, THOMAS, , ,

Mailing Address 1255 S OCEAN BLVD

City

PALM BEACH

State

FL

Zip Code

33480-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INTERACTIVE BROKERS GROUP

Occupation (for Individual)

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19144

Amount of Each Receipt this Period

2000000.00

☐ Memo Item  
CONTRIBUTION

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

C. PRESTON, HENRY, , ,

Mailing Address 800 NORTH TAMIAMI TRAIL

#707

City

SARASOTA

State

FL

Zip Code

34236-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PRESTON GIULIANO CAPITAL PARTNERS LLC

Occupation (for Individual)

REAL ESTATE INVESTMENT, MANAG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19167

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

2398500.00

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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. PRUETT, STANLEY, L., ,

Mailing Address 1014 8TH STREET NORTHWEST

City  
ARABState  
ALZip Code  
35016-1942FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETECOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2020

Transaction ID : SA11A.19203

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

B. RAGAN, JEFFREY, , ,

Mailing Address 105 COLLINGTON PLACE

City  
MADISONState  
ALZip Code  
35758-8577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETECOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2020

Transaction ID : SA11A.19199

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

C. RANE, GREG, , ,

Mailing Address 41 FOXCHASE DRIVE

City  
DOTHANState  
ALZip Code  
36305-1145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREAT SOUTHERN WOODOccupation (for Individual)  
BOARD MEMBER AND CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2020

Transaction ID : SA11A.19188

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

2500.00

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

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. RICHARDSON, DAVID, , ,**

Mailing Address 12 LEDGES MAIN

City  
HUNTSVILLE

State  
AL

Zip Code  
35802-1298

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19175**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. RICHARDSON, JULIE, , ,**

Mailing Address 232 BELLAVILLA WAY

City  
MADISON

State  
AL

Zip Code  
35756-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
CHIEF ADMIN OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19194**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. ROCKENFELLER, UWE, , ,**

Mailing Address 1501 LYNN DRIVE

City  
BOULDER CITY

State  
NV

Zip Code  
89005-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROCHY RESEARCH

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19177**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

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

51500.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. SCALF, WARREN, D., ,**

Mailing Address 38 HILLCREST AVENUE NORTHWEST

City  
HUNTSVILLE

State  
AL

Zip Code  
35806-4140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2020

Transaction ID : SA11A.19189

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHLOSS, PAIGE, S., ,**

Mailing Address 103 MOREY DRIVE

City  
MERIDIANVILLE

State  
AL

Zip Code  
35759-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2020

Transaction ID : SA11A.19207

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. SHEPARD, DONALD, , ,**

Mailing Address 71 EAST SHORE DRIVE

City  
SPRING

State  
TX

Zip Code  
77380-3097

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 ▼

35000.00

Date of Receipt

11 / 30 / 2020

Transaction ID : SA11A.19174

Amount of Each Receipt this Period

35000.00

☐ Memo Item  
CONTRIBUTION

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

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

36500.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. SMITH, JOAN, R., ,

Mailing Address 1302 LOWELL DRIVE SOUTHEAST

City  
HUNTSVILLEState  
ALZip Code  
35801-2609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETECOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19198

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

B. SMITH, MICHAEL, , ,

Mailing Address 105 EDGEVIEW DRIVE  
SUITE 390City  
BROOMFIELDState  
COZip Code  
80021-8016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KAITAR RESOURCESOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19145

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

C. SUKIN, ROBERT, , ,

Mailing Address POBOX 21417

City  
BILLINGSState  
MTZip Code  
59104-1417FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19265

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

1000750.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. SUMMITT, ZACHARY, , ,**

Mailing Address 175 DAVIS TRACE RD

City  
RUSSELLVILLE

State  
AR

Zip Code  
72802-8399

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19271**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. TANNER, DANA, G., ,**

Mailing Address 26806 DENBO CIRCLE

City  
HARVEST

State  
AL

Zip Code  
35749-7446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PEOPLETEC

Occupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19208**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. VAN DUYN, RICHARD, , ,**

Mailing Address 11 WILCOX DRIVE

City  
MOUNTAIN LAKES

State  
NJ

Zip Code  
07046-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19268**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

2500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. WILSON, DAVID, , ,

Mailing Address 1400 NORTH TUSTIN STREET

City  
ORANGEState  
CAZip Code  
92867-3902FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TOYOTA OF ORANGEOccupation (for Individual)  
DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19148

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

B. WILSON, JAMES, , , III

Mailing Address 2660 EASTCHASE LANE, SUITE 100

City  
MONTGOMERYState  
ALZip Code  
36117-7024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JIM WILSON & ASSOCIATESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19266

Amount of Each Receipt this Period

12500.00

☐ Memo Item  
CONTRIBUTION

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

C. WILSON, WILLIAM, , ,

Mailing Address 2660 EASTCHASE LANE, SUITE100

City  
MONTGOMERYState  
ALZip Code  
36117-7024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JIM WILSON ASSOCIATES LLCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19264

Amount of Each Receipt this Period

12500.00

☐ Memo Item  
CONTRIBUTION

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

35000.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. ALTRIA CLIENT SERVICES LLC**

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 ▼

750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19178**

Amount of Each Receipt this Period

200000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. AMERICAN PETROLEUM INSTITUTE**

Mailing Address 200 MASSACHUSETTS AVENUE NW  
FLOOR 11

City  
WASHINGTON

State  
DC

Zip Code  
20001-1429

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 ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19143**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. ASTELLAS PHARMA US, INC.**

Mailing Address 1 ASTELLAS WAY

City  
NORTHBROOK

State  
IL

Zip Code  
60062-6111

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19165**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

5250000.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. GEO ACQUISITION II**

Mailing Address 4955 TECHNOLOGY WAY

City  
BOCA RATON

State  
FL

Zip Code  
33431-3367

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 ▼

550000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19160**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. KOCH INDUSTRIES, INC**

Mailing Address 4111 E 37TH STREET N

City  
WICHITA

State  
KS

Zip Code  
67220-3203

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 ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19180**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. LIBERTY FINANCE COMPANY, INC.**

Mailing Address P.O. BOX 1257

City  
GRENADA

State  
MS

Zip Code  
38902-1257

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19156**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

500300.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. MEOW, LLC**

Mailing Address 195 EAST RENO AVENUE  
ST. A

City  
LAS VEGAS

State  
NV

Zip Code  
89119-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19164**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. OXBOW CARBON LLC**

Mailing Address 1601 FORUM PLACE  
SUITE 1400

City

WEST PALM BEACH

State

FL

Zip Code

33401-8104

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

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19150**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. PROTECT SENIORS NOW**

Mailing Address 12201 BLUEGRASS PARKWAY

City

LOUISVILLE

State

KY

Zip Code

40299-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

**Transaction ID : SA11A.19163**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

110000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. REPUBLIC FINANCE**

Mailing Address 7031 COMMERCE CIRCLE  
SUITE 100

City  
BATON ROUGE

State  
LA

Zip Code  
70809-1996

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19162

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SEBASTOPOL FINANCE, LLC**

Mailing Address P.O. BOX 332

City

SEBASTOPOL

State

MS

Zip Code

39359-0332

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19157

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. TAYLOR FRESH FOODS, INC.**

Mailing Address 150 MAIN STREET  
SUITE 400

City

SALINAS

State

CA

Zip Code

93901-3442

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 ▼

225000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19161

Amount of Each Receipt this Period

125000.00

☐ Memo Item  
CONTRIBUTION

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

176000.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. UNION FINANCE MS LLC**

Mailing Address P.O. BOX 40

City  
UNIONState  
MSZip Code  
39365-0040FEC 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19158

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

**B. WALNUT GROVE FINANCE LLC**

Mailing Address P.O. BOX 96

City

WALNUT GROVE

State  
MSZip Code  
39189-0096FEC 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19159

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

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

**C. WESTERN-SHAMROCK**

Mailing Address 801 SOUTH ABE STREET

City

SAN ANGELO

State  
TXZip Code  
76903-6735FEC 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

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2020

Transaction ID : SA11A.19181

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

101500.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. BAKER, SUSAN, G., ,

Mailing Address 500 LITTLE JOHN

City  
HOUSTON

State  
TX

Zip Code  
77024-5719

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19287

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. CLARK, AUSTEN, , ,

Mailing Address 24 RIDGEWOOD RD

City  
WILLINGTON

State  
CT

Zip Code  
06279-1627

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19281

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

C. COSLER, LYNNE, , ,

Mailing Address 3762 E 79TH ST

City  
INDIANAPOLIS

State  
IN

Zip Code  
46240-3456

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19288

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

2500.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. DAVIS, MICHELE, , ,

Mailing Address 2750 MARSHALL LAKE DR

City  
OAKTONState  
VAZip Code  
22124-1156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SVCOccupation (for Individual)  
PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19279

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

B. KANE, WILLIAM, , ,

Mailing Address 1356 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10128-0826FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REDBORN CAPITALOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19283

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. LIPPMAN, CHRISTOPHER, , ,

Mailing Address 7024 ELIZABETH DRIVE

City  
MC LEANState  
VAZip Code  
22101-2623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUPOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19285

Amount of Each Receipt this Period

7500.00

☐ Memo Item  
CONTRIBUTION

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

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

7950.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. NICKOLAS, JAMES, , ,

Mailing Address 3347 ALAMANCE DRIVE

City  
RALEIGHState  
NCZip Code  
27609-6901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARTIN MARIETTAOccupation (for Individual)  
ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19286

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. ROBERTS, GEORGE, , ,

Mailing Address 2800 SAND HILL RD.  
SUITE 200City  
MENLO PARKState  
CAZip Code  
94025-7080FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KKR & CO.Occupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19216

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

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

C. AMERICAN EXPLORATION &amp; PRODUCTION COUNCIL

Mailing Address 999 EAST STREET NORTHWEST  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20463-0001FEC 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 ▼

25000.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2020

Transaction ID : SA11A.19243

Amount of Each Receipt this Period

0.01

☐ Memo Item  
CONTRIBUTION

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

501000.01

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

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

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

FOR LINE NUMBER: PAGE 51 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. COTTON, SEAN, P., ,**

Mailing Address 33 HENDRIE LANE

City

GROSSE POINTE FARM

State

MI

Zip Code

48236-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CAIDAN, LLC

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2020

**Transaction ID : SA11A.19226**

Amount of Each Receipt this Period

395900.00

☐ Memo Item  
CONTRIBUTION

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

**B. LIYANAGE, DINESHI, , ,**

Mailing Address 5332 N VAN NESS BLVD

City

FRESNO

State

CA

Zip Code

93711-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2020

**Transaction ID : SA11A.19322**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. MCCARTER, PATRICK, , ,**

Mailing Address 2275 AMHERST ST

City

PALO ALTO

State

CA

Zip Code

94306-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CARLYLE

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2020

**Transaction ID : SA11A.19292**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

421900.00

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

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

FOR LINE NUMBER: PAGE 52 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. NIKODEM, GREGORY, , ,**

Mailing Address 4814 DEXTER STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20007-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUP

Occupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

**Transaction ID : SA11A.19293**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. NOLAN, PETER, , ,**

Mailing Address 58 11TH STREET

City  
HERMOSA BEACH

State  
CA

Zip Code  
90254-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

**Transaction ID : SA11A.19228**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**C. NUTTALL, SCOTT, , ,**

Mailing Address 62 E. 91ST ST.

City  
NEW YORK

State  
NY

Zip Code  
10128-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KKR

Occupation (for Individual)  
PARTNER/CO-COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

**Transaction ID : SA11A.19224**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

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

155000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. TULL, THOMAS, , ,

Mailing Address 445 WOODLAND ROAD

City  
SEWICKLEYState  
PAZip Code  
15143-1000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEGENDARY PICTURESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

Transaction ID : SA11A.19227

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

B. RELIABLE HEALTH CARE MANAGEMENT, LLC

Mailing Address 315 WEST 10TH STREET  
SUITE 120City  
ROMEState  
GAZip Code  
30165-2676FEC 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 ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2020

Transaction ID : SA11A.19225

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

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

C. HARRIS, JONATHAN, , ,

Mailing Address 156 TAYMIL ROAD

City  
NEW ROCHELLEState  
NYZip Code  
10804-2211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MBIAOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2020

Transaction ID : SA11A.19330

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

265500.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. KRAVIS, HENRY, R., ,

Mailing Address 1345 AVENUE OF THE AMERICAS  
 FLOOR 15

City  
 NEW YORK

State  
 NY

Zip Code  
 10105-0021

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 KOHLBERG KRAVIS ROBERTS & CO.

Occupation (for Individual)  
 CO-FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2020

Transaction ID : SA11A.19229

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
 CONTRIBUTION

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

B. LOEB, DANIEL, S., ,

Mailing Address 55 HUDSON YARDS

City  
 NEW YORK

State  
 NY

Zip Code  
 10001-2163

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 ▼

800000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2020

Transaction ID : SA11A.19241

Amount of Each Receipt this Period

400000.00

☐ Memo Item  
 CONTRIBUTION

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

C. REYNOLDS, ROBERT, L., ,

Mailing Address 153 GARFIELD RD.

City  
 CONCORD

State  
 MA

Zip Code  
 01742-4905

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 PUTNAM INVESTMENTS

Occupation (for Individual)  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2020

Transaction ID : SA11A.19240

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
 CONTRIBUTION

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

1000000.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. UNITED MOTOR CLUB OF AMERICA, INC.**

Mailing Address 10151 DEERWOOD PARK BOULEVARD

City  
JACKSONVILLE

State  
FL

Zip Code  
32256-0566

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

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2020

Transaction ID : SA11A.19242

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**B. YORK FINANCIAL INC.**

Mailing Address 4956 NORTH 300 WEST  
SUITE 200

City  
PROVO

State  
UT

Zip Code  
84604-5880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2020

Transaction ID : SA11A.19231

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**C. AGGE, SCOTT, , ,**

Mailing Address 23007 FREDERICK ROAD

City  
CLARKSBURG

State  
MD

Zip Code  
20871-9428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONTINENTAL FIRE & SAFETY SERVICES

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

Transaction ID : SA11A.19382

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

110500.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. ARMFIELD, EDWARD, , ,**

Mailing Address 1082 WEST 4TH STREET

City  
WINSTON SALEM

State  
NC

Zip Code  
27101-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19299**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERG, J., FREDERICK, , JR.**

Mailing Address 7 EAST 14TH ST., APT. 21-V

City  
NEW YORK

State  
NY

Zip Code  
10003-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19395**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. COORS, PETER, H., ,**

Mailing Address 770 NORTH HIGH STREET

City  
DENVER

State  
CO

Zip Code  
80218-3698

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 ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19298**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

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

13500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. KEMMERER, JOHN, L., , III**

Mailing Address PO BOX 6848

City  
JACKSONState  
WYZip Code  
83002-6848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACKSON HOLE MOUNTAIN RESORTOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	D D	Y Y Y Y
12	04	2020

**Transaction ID : SA11A.19301**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
 CONTRIBUTION

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

**B. LASHIER, MARK, , ,**

Mailing Address 2706 TIMBERLOCH PLACE

City  
SPRINGState  
TXZip Code  
77380-1084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHEVRON PHILIPS CHEMICAL COMPANYOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
12	04	2020

**Transaction ID : SA11A.19393**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
 CONTRIBUTION

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

**C. PORTER, DANIEL, , ,**

Mailing Address 221 HARPERS FERRY DRIVE

City  
LOCUST GROVEState  
VAZip Code  
22508-5149FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
12	04	2020

**Transaction ID : SA11A.19388**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

13500.00

**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  
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FOR LINE NUMBER: PAGE 58 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. POWELL, GREGORY, , ,**

Mailing Address 255 EAST 49TH STREET

City  
NEW YORK

State  
NY

Zip Code  
10017-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREYABBEY CAPITAL

Occupation (for Individual)  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19389**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. STOLBERG, ERIC, , ,**

Mailing Address 2009 S. RENWICK BLVD.

City  
BLOOMINGTON

State  
IN

Zip Code  
47401-7167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WS PROPERTY GROUP

Occupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19387**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. VALDES, FERNANDO, , ,**

Mailing Address PO BOX 650522

City  
MIAMI

State  
FL

Zip Code  
33265-0522

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19390**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

775.00

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

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

FOR LINE NUMBER: PAGE 59 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. WALKER, ROBERT, , ,

Mailing Address 609 WILLOW GREEN

City  
LITITZState  
PAZip Code  
17543-8369FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOONWALKER ASSOCIATESOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

Transaction ID : SA11A.19391

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

B. FEDERATED HERMES, INC.

Mailing Address 1001 LIBERTY AVENUE

City

PITTSBURGH

State

PA

Zip Code

15222-3714

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

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

Transaction ID : SA11A.19307

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

C. JD MITCHELL CONSULTING LLC

Mailing Address 2123 CENTRE POINTE BOULEVARD

City

TALLAHASSEE

State

FL

Zip Code

32308-4930

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2020

Transaction ID : SA11A.19300

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

105500.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. PRESTIGE ADMINISTRATIVE SERVICES LLC**

Mailing Address 7400 NEW LAGRANGE RD  
SUITE 100

City  
LOUISVILLE

State  
KY

Zip Code  
40222-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19297**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. RAI SERVICES COMPANY**

Mailing Address 401 N MAIN STREET

City  
WINSTON SALEM

State  
NC

Zip Code  
27101-3804

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 ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2020

**Transaction ID : SA11A.19296**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. ARCHIPLEY, THOMAS, , ,**

Mailing Address 3832 CROOKED CREEK

City  
OKEMOS

State  
MI

Zip Code  
48864-3750

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 ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2020

**Transaction ID : SA11A.19404**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

1030000.00

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. COLLINS, CHARLES, , ,**

Mailing Address 1 GREENBRANCH FARM RD

City  
SPOTSYLVANIA

State  
VA

Zip Code  
22551-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLLINS CONTRACTING CO

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2020

**Transaction ID : SA11A.19406**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. CONGALTON, SUSAN, , ,**

Mailing Address PO BOX 3000

City  
EDWARDS

State  
CO

Zip Code  
81632-3000

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2020

**Transaction ID : SA11A.19402**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. GRAHAM, JOHN, , ,**

Mailing Address 2417 EAST BOSTON ROAD

City  
BLOOMINGTON

State  
IN

Zip Code  
47401-6155

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INDIANA UNIVERSITY

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2020

**Transaction ID : SA11A.19407**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. ARMFIELD, ANNE, , ,

Mailing Address 1916 GREENBRIER ROAD

City  
WINSTON SALEM

State  
NC

Zip Code  
27104-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2020

Transaction ID : SA11A.19318

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. BEREN, ROBERT, , ,

Mailing Address 13840 LE MANS WAY

City  
PALM BEACH GARDENS

State  
FL

Zip Code  
33410-1266

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEBEREN INVESTMENT COMPANY

Occupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2020

Transaction ID : SA11A.19319

Amount of Each Receipt this Period

75000.00

☐ Memo Item  
CONTRIBUTION

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

C. BURNS, ROY, , ,

Mailing Address 160 DARTMOUTH STREET

City  
NEWTON

State  
MA

Zip Code  
02465-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TA ASSOCIATES

Occupation (for Individual)  
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2020

Transaction ID : SA11A.19320

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

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

176000.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. CAPPELLI, GREG, , ,**

Mailing Address 1046 JACKSON AVE

City  
RIVER FOREST

State  
IL

Zip Code  
60305-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VANTA EDUCATION

Occupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19485**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**B. DANIEL, DIANNA, , ,**

Mailing Address 3406 OAK FOREST DR

City  
SUAMICO

State  
WI

Zip Code  
54313-7631

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19411**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**C. DRETZKA, KEVIN, , ,**

Mailing Address 6632 KENTWOOD BLUFFS DRIVE

City  
LOS ANGELES

State  
CA

Zip Code  
90045-1259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19413**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 64 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. FRALIN, W., HEYWOOD, ,**

Mailing Address P.O. BOX 29600

City  
ROANOKE

State  
VA

Zip Code  
24018-0796

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDICAL FACILITIES OF AMERICA

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19312**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**B. HERBERT, JIM, , ,**

Mailing Address 4750 S. CORTLAND DRIVE

City  
JACKSON

State  
WY

Zip Code  
83001-9472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIRST REPUBLIC BANK

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19416**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HOBBS, CAREY, , ,**

Mailing Address 3 CLUB ESTATES COURT

City  
WACO

State  
TX

Zip Code  
76710-1092

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19313**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

130000.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. HUGHES, DAVID, , ,**

Mailing Address 41 FOREST OAKS WAY

City  
SPARTANBURG

State  
SC

Zip Code  
29307-3058

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19415**

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

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

**B. HUTCHISON, MARK, , ,**

Mailing Address 10080 W. ALTA DRIVE  
SUITE 200

City  
LAS VEGAS

State  
NV

Zip Code  
89145-8724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUTCHISON + STEFFEN

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19314**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. MURRAY, MITCHELL, , ,**

Mailing Address 2221 GROSVENOR CT.

City  
FORT COLLINS

State  
CO

Zip Code  
80526-5256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DISTRICT ATTY. 8TH JUDICIAL DISTRICT

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19410**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

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

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

2930.00

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

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

FOR LINE NUMBER: PAGE 66 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. QUINTIN, DONALD, , ,

Mailing Address P.O. BOX 3514

City  
NEW YORK

State  
NY

Zip Code  
10008-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LONE STAR FUNDS

Occupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

Transaction ID : SA11A.19308

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

B. THOMASON, RODNEY, , ,

Mailing Address P.O. BOX 3547

City  
LITTLE ROCK

State  
AR

Zip Code  
72203-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDICAL ASSETS HOLDING COMPANY

Occupation (for Individual)  
OWNER/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

Transaction ID : SA11A.19309

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

C. BESTWAY ENTERPRISES INC.

Mailing Address 3877 LUKER ROAD

City  
CORTLAND

State  
NY

Zip Code  
13045-9385

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

Transaction ID : SA11A.19315

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

40000.00

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

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

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

FOR LINE NUMBER: PAGE 67 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. STANDARD HOLDING CORPORATION**

Mailing Address P.O. BOX 430

City  
CONLEY

State  
GA

Zip Code  
30288-0430

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 ▼

95000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19316**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. TITLEMAX**

Mailing Address 2313 EAST TRINITY MILLS ROAD

City

CARROLLTON

State

TX

Zip Code

75007-

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 ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

**Transaction ID : SA11A.19317**

Amount of Each Receipt this Period

30000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. AYRES, CHARLES, , ,**

Mailing Address 117 EAST 72ND STREET  
FLOOR 8

City

NEW YORK

State

NY

Zip Code

10021-4249

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRILANTIC CAPITAL PARTNERS

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19342**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

80000.00

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

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

FOR LINE NUMBER: PAGE 68 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. BARRACK, THOMAS, , , JR.**

Mailing Address 277 EAGLE PARK DRIVE

City  
ASPEN

State  
CO

Zip Code  
81611-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLONY CAPITAL

Occupation (for Individual)  
FOUNDER AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19351

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**B. BEREN, ADAM, , ,**

Mailing Address 1739 N. DUCKCROSS COVE.

City  
WICHITA

State  
KS

Zip Code  
67206-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEREXCO LLC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19344

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**C. GUSTAVSON, ERIC, , ,**

Mailing Address 884 IRON WORKS PIKE

City  
LEXINGTON

State  
KY

Zip Code  
40511-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SPENDTHRIFT FARM

Occupation (for Individual)  
THOROUGHBRED BREEDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19354

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

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

300000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 283

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. GUSTAVSON, TAMARA, , ,**

Mailing Address 884 IRON WORKS PIKE

City  
LEXINGTON

State  
KY

Zip Code  
40511-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19353**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**B. HAMMER, KARREN, , ,**

Mailing Address 1854 YALE AVENUE

City  
SALT LAKE CITY

State  
UT

Zip Code  
84108-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INTERMOUNTAIN HEALTHCARE

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19490**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. HAYDE, MICHAEL, , ,**

Mailing Address 8 EXECUTIVE CIRCLE

City  
IRVINE

State  
CA

Zip Code  
92614-6746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WESTERN NATIONAL GROUP

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19348**

Amount of Each Receipt this Period

125000.00

☐ Memo Item  
CONTRIBUTION

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

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

225100.00

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

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

FOR LINE NUMBER: PAGE 70 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. HOBBS, FRED, , ,**

Mailing Address 2840 LEEDS COURT

City  
AUBURN

State  
CA

Zip Code  
95603-9032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SACRAMENTO SAUNA

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19491

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. KENNEDY, PARKER, , ,**

Mailing Address 655 NORTH RANCH WOOD TRAIL

City  
ORANGE

State  
CA

Zip Code  
92869-2302

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 ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19336

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**C. PITTS, D., FRANK, ,**

Mailing Address 114 CHEEKWOOD DRIVE

City  
MADISON

State  
AL

Zip Code  
35758-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QUANTUM RESEARCH INT'L

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19346

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

50100.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. 7-ELEVEN, INC.**

Mailing Address 3200 HACKBERRY ROAD

City  
IRVING

State  
TX

Zip Code  
75063-0131

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

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19350**

Amount of Each Receipt this Period

75000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. BUILDING INDUSTRY ASSOCIATION OF WASHINGTON**

Mailing Address 300 DESCHUTES WAY SOUTHWEST

City  
OLYMPIA

State  
WA

Zip Code  
98501-7719

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

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19349**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. COOPER MANAGEMENT SERVICES**

Mailing Address P.O. BOX 1566

City  
MOBILE

State  
AL

Zip Code  
36633-1566

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

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19343**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

200000.00

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

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

FOR LINE NUMBER: PAGE 72 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. FARNAM REALTY, INC.**

Mailing Address P.O. BOX 1810

City  
SCOTTSDALEState  
AZZip Code  
85252-1810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19340

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**B. FLORIDA PROMISE, INC.**

Mailing Address 4532 WEST KENNEDY BOULEVARD

City  
TAMPAState  
FLZip Code  
33609-2042FEC 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 ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19347

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

**C. TRT HOLDINGS, INC.**Mailing Address 4001 MAPLE AVENUE  
SUITE 600City  
DALLASState  
TXZip Code  
75219-3241FEC 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 ▼

700000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19341

Amount of Each Receipt this Period

200000.00

☐ Memo Item  
CONTRIBUTION

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

1210000.00

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 PageFOR LINE NUMBER: PAGE 73 OF 283  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. BURNS, JAMES, , ,**

Mailing Address 136 TANGLEFOOT DRIVE

City  
HUNTSVILLEState  
ALZip Code  
35811-8214FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TORCH TECHNOLOGIES, INC.Occupation (for Individual)  
LEAD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
12	09	2020

**Transaction ID : SA11A.19419**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

**B. CARRICO, CHRISTOPHER, K., ,**

Mailing Address 9285 WEST DEER ACRES LANE

City  
BOIS D ARCState  
MOZip Code  
65612-9208FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
12	09	2020

**Transaction ID : SA11A.19441**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

**C. COOK, DAVID, , ,**

Mailing Address 232 VERANDA DRIVE

City  
MADISONState  
ALZip Code  
35758-3005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TORCH TECHNOLOGIES, INC.Occupation (for Individual)  
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
12	09	2020

**Transaction ID : SA11A.19426**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶

2750.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. GLENN, DANIEL, E., , III

Mailing Address 2146 WEST VILLAGE TERRACE

City  
SPRINGFIELDState  
MOZip Code  
65810-1522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19440

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

B. HEDSTROM, MARK, , ,

Mailing Address 21 BOULDER VIEW

City  
IRVINEState  
CAZip Code  
92603-0409FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLONY CAPITAL, INC.Occupation (for Individual)  
EXECUTIVE V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19359

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

C. HEVRDEJS, FRANK, , ,

Mailing Address 8 GREENWAY PLAZA  
SUITE 600City  
HOUSTONState  
TXZip Code  
77046-0811FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIRST STERLING VENTURESOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19356

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

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

15500.00

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

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

FOR LINE NUMBER: PAGE 75 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. HEVRDEJS, MICHELLE, , ,

Mailing Address 8 GREENWAY PLAZA  
SUITE 600

City  
HOUSTON

State  
TX

Zip Code  
77046-0811

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19357

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

B. HILL, JOEL, E., ,

Mailing Address 4800 WHITESBURG DRIVE  
SUITE 30-291

City  
HUNTSVILLE

State  
AL

Zip Code  
35802-1698

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TORCH TECHNOLOGIES, INC.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19433

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

C. KIMBRIEL, TIM, , ,

Mailing Address P.O. BOX 320001

City  
FLOWOOD

State  
MS

Zip Code  
39232-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TOWER LOAN

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19443

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

13000.00

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

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

FOR LINE NUMBER: PAGE 76 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. KRUEGER, BETTY, , ,

Mailing Address 14241 E STATE ROUTE 106

City  
BELFAIRState  
WAZip Code  
98528-8533FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19496

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. PALMER, TIMOTHY, A., ,

Mailing Address 206 KELSEY LYNN LANE

City  
HUNTSVILLEState  
ALZip Code  
35806-2284FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19423

Amount of Each Receipt this Period

350.00

☐ Memo Item  
CONTRIBUTION

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

C. PARKER, LEECOYE, , ,

Mailing Address 500 NORTON ROAD

City  
LAURELState  
MSZip Code  
39443-6925FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19442

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 77 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. PHELPS, JONATHAN, D., ,

Mailing Address 3300 UNIVERSITY BOULEVARD

City  
WINTER PARKState  
FLZip Code  
32792-7435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHELPS, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19483

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

B. PITTMAN, PAUL, A., ,

Mailing Address 513 SUNSET ACRES AVENUE

City  
DECATURState  
ALZip Code  
35603-6115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TORCH TECHNOLOGIESOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19438

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

C. PORTER, MICHAEL, B., ,

Mailing Address 912 DOGWOOD DRIVE

City  
FAYETTEVILLEState  
TNZip Code  
37334-2260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TORCH TECHNOLOGIESOccupation (for Individual)  
SENIOR MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19432

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

52500.00

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

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

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

FOR LINE NUMBER: PAGE 78 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. RAETHER, PAUL, E., ,

Mailing Address 9 WEST 57TH STREET  
 SUITE 4200

City  
 NEW YORK

State  
 NY

Zip Code  
 10019-2707

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

KKR

Occupation (for Individual)

MEMBER &amp; HEAD OF PORTFOLIO M/

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 09 / 2020

Transaction ID : SA11A.19366

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
 CONTRIBUTION

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

B. ROARK, WILLIAM, , ,

Mailing Address 2209 DUG HILL ROAD

City

BROWNSBORO

State

AL

Zip Code

35741-9251

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

TORCH TECHNOLOGIES, INC.

Occupation (for Individual)

CEO/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 09 / 2020

Transaction ID : SA11A.19436

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
 CONTRIBUTION

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

C. SCHUMACHER, DANIEL, , ,

Mailing Address 112 WINDY WAY DRIVE

City

MADISON

State

AL

Zip Code

35758-3033

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

PROGRAM MANAGER

Occupation (for Individual)

TORCH TECHNOLOGIES, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 09 / 2020

Transaction ID : SA11A.19424

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

104000.00

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

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

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

FOR LINE NUMBER: PAGE 79 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. SMITH, ALAN, , ,

Mailing Address 1180 RICHMOND GLEN CIR

City

ALPHARETTA

State

GA

Zip Code

30004-8217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UBS

Occupation (for Individual)

FINANCIAL ADVISOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19497

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. SMITH, BRUCE, G., ,

Mailing Address 6914 OAK VALLEY DRIVE

City

COLORADO SPRINGS

State

CO

Zip Code

80919-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TORCH TECHNOLOGIES, INC.

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19422

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. SMITH, JASON, B., ,

Mailing Address 125 PINEHURST DRIVE

City

BRANDON

State

MS

Zip Code

39047-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19439

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 80 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. SPIEGLE, SCOTT, A., ,

Mailing Address 2842 WINTERBERRY WAY

City  
HAMPTON COVE

State  
AL

Zip Code  
35763-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2020

Transaction ID : SA11A.19429

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

B. STANFIELD, JAMES, M., ,

Mailing Address 295 FORREST HILLS DRIVE

City  
BROWNSBORO

State  
AL

Zip Code  
35741-9303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PRESIDENT

Occupation (for Individual)

MILTEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2020

Transaction ID : SA11A.19420

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

C. THOMAS, TERRY, N., ,

Mailing Address 11 KENTHURST LANE SOUTHEAST

City  
GURLEY

State  
AL

Zip Code  
35748-8034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TORCH TECHNOLOGIES, INC.

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2020

Transaction ID : SA11A.19435

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

4500.00

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



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

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

FOR LINE NUMBER: PAGE 81 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. WATSON, JOHN, S., ,**

Mailing Address 709 HARDING WAY

City  
HUNTSVILLE

State  
AL

Zip Code  
35802-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TORCH TECHNOLOGIES, INC.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19437

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTION

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

**B. 1ST FRANKLIN FINANCIAL**

Mailing Address P.O. BOX 880

City  
TOCCOA

State  
GA

Zip Code  
30577-0880

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

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19465

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**C. AMERICAN EXPLORATION & PRODUCTION COUNCIL**

Mailing Address 999 EAST STREET NORTHWEST  
SUITE 200

City  
WASHINGTON

State  
DC

Zip Code  
20463-0001

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 ▼

25000.01

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19360

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

128000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. CONSUMER CREDIT INDUSTRY ASSOCIATION**

Mailing Address 1300 PENNSYLVANIA AVENUE NORTHWEST  
BOX 190 #327

City  
WASHINGTON

State  
DC

Zip Code  
20004-3002

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19462

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**B. CREDIT CENTRAL**

Mailing Address 700 EAST NORTH STREET

City

GREENVILLE

State

SC

Zip Code

29601-3057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19461

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**C. FINANCIAL OPERATING INC**

Mailing Address 5421 EAST R L THORNTON FREEWAY

City

DALLAS

State

TX

Zip Code

75223-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19459

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

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

70000.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. FIRST SOUTHERN SERVICES, INC.**

Mailing Address P.O. BOX 1727

City  
PELHAM

State  
AL

Zip Code  
35124-5727

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 ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

**Transaction ID : SA11A.19460**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

## **B. INDEPENDENT INVESTMENT CORP., INC.**

Mailing Address 2495 E FM 1151

City  
AMARILLO

State  
TX

Zip Code  
79118-4315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

**Transaction ID : SA11A.19467**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. NFE MANAGEMENT LLC**

Mailing Address 1345 AVENUE OF THE AMERICAS  
FLOOR 23

City  
NEW YORK

State  
NY

Zip Code  
10105-0011

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2020

**Transaction ID : SA11A.19367**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

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

57500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. PACIFIC DEVELOPMENT PARTNERS, LLC**

Mailing Address 11601 WILSHIRE BOULEVARD  
SUITE 2110

City  
LOS ANGELES

State  
CA

Zip Code  
90025-1784

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19358

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**B. TEXASH, INC.**

Mailing Address 9125 AIRPORT BOULEVARD  
SUITE C-10

City  
HOUSTON

State  
TX

Zip Code  
77061-3467

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 ▼

17000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19466

Amount of Each Receipt this Period

17000.00

☐ Memo Item  
CONTRIBUTION

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

**C. WORTH FINANCE CORP.**

Mailing Address 11671 JOLLYVILLE ROAD  
SUITE 204

City  
AUSTIN

State  
TX

Zip Code  
78759-4141

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 09 / 2020

Transaction ID : SA11A.19468

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

24000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. KOOPER, ARTHUR, , ,

Mailing Address 2 WHITE BIRCH LANE

City

GOLDENS BRIDGE

State

NY

Zip Code

10526-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2020			

Transaction ID : SA11A.19508

Amount of Each Receipt this Period

150.00

☐ Memo Item  
 CONTRIBUTION

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

B. LISTOVNICHY, ALEKSEY, , ,

Mailing Address 15179 BEVERLY DRIVE, APT. A

City

PHILADELPHIA

State

PA

Zip Code

19116-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DAY &amp; ZIMMERMANN

Occupation (for Individual)

PROGRAMMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2020			

Transaction ID : SA11A.19534

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

C. MARSTON, HALL, , ,

Mailing Address 1400 N. BUNDY DR.

City

LOS ANGELES

State

CA

Zip Code

90049-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CITY OF LOS ANGELES

Occupation (for Individual)

DEPUTY CITY ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2020			

Transaction ID : SA11A.19511

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

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

1400.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 86 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. TOPPER, JOE, , JR.**

Mailing Address 645 HAMILTON STREET  
SUITE 500

City  
ALLENTOWN

State  
PA

Zip Code  
18101-2193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CITY CENTER INVESTMENT CORPORATION

Occupation (for Individual)

CO-FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2020

Transaction ID : SA11A.19475

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**B. AMERICANS FOR TAX REFORM**

Mailing Address 722 12TH STREET NORTHWEST  
FLOOR 4

City  
WASHINGTON

State  
DC

Zip Code  
20005-3966

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 ▼

185000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2020

Transaction ID : SA11A.19474

Amount of Each Receipt this Period

185000.00

☐ Memo Item  
CONTRIBUTION

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

**C. COMMUNITY LOANS OF AMERICA**

Mailing Address 8601 DUNWOODY PLACE  
SUITE 406

City  
ATLANTA

State  
GA

Zip Code  
30350-2550

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

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2020

Transaction ID : SA11A.19473

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

260000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. CROW HOLDINGS POOL, LLC**

Mailing Address 3819 MAPLE AVENUE

City  
DALLAS

State  
TX

Zip Code  
75219-3913

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

M M / D D / Y Y Y Y Y  
12 / 10 / 2020

**Transaction ID : SA11A.19472**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. BASZUCKI, PAUL, , ,**

Mailing Address 519 LOMA ALTA ROAD

City  
CARMEL

State  
CA

Zip Code  
93923-9432

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2020

**Transaction ID : SA11A.19480**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. HANCOCK, HOLLY, , ,**

Mailing Address 1530 HARPER AVE.

City  
REDONDO BEACH

State  
CA

Zip Code  
90278-2724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APS

Occupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2020

**Transaction ID : SA11A.19541**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

30250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. HOHMAN, THEODORE, C., ,

Mailing Address 2400 PEBBLEBROOK DR.

City

GRAND RAPIDS

State

MI

Zip Code

49546-7471

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CASCADE DIE CASTING GROUP

Occupation (for Individual)

CHAIRMAN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19540

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

B. CFG COMMUNITY BANK

Mailing Address 1422 CLARKVIEW ROAD

City

BALTIMORE

State

MD

Zip Code

21209-2385

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19481

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

C. CLEAR CHOICE HEALTH CARE

Mailing Address 709 SOUTH HARBOR CITY BOULEVARD

City

MELBOURNE

State

FL

Zip Code

32901-1938

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 ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19478

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

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

75000.00

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  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

### A. EXTENDED CARE ASSOCIATES

Mailing Address 763 AVERY BOULEVARD NORTH

City  
RIDGELAND

State  
MS

Zip Code  
39157-5218

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 ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19477

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

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

### B. INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC.

Mailing Address 127 SOUTH PEYTON STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-2879

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

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19482

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

### C. PETROYATES, INC.

Mailing Address 1429 CENTRAL AVENUE NORTHWEST

City

ALBUQUERQUE

State

NM

Zip Code

87104-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19479

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

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

135000.00

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

FOR LINE NUMBER: PAGE 90 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. US ENDO PARTNERS**Mailing Address 225 WEST WASHINGTON STREET  
SUITE 1575City  
CHICAGOState  
ILZip Code  
60606-3100FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11A.19504

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

**B. WINRED**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
12 / 11 / 2020

Transaction ID : SA11C.19498369

Amount of Each Receipt this Period

2800.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. JAFFE, YULIYA, , ,**

Mailing Address 1802 E BAREFOOT PLACE

City

VERO BEACH

State

FL

Zip Code

32963-4548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GLOBALPUPPY LLC

Occupation (for Individual)

MANAGING MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19500

Amount of Each Receipt this Period

2800.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

12800.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2020

**Transaction ID : SA11C.19498371**

Amount of Each Receipt this Period

2800.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

## **B. JAFFE, ROBERT, , ,**

Mailing Address 1802 E BAREFOOT PLACE

City  
VERO BEACH

State  
FL

Zip Code  
32963-4548

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 ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

**Transaction ID : SA11A.19502**

Amount of Each Receipt this Period

2800.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

## **C. BERLIE, CECIL, , ,**

Mailing Address 3502 OAKDALE CT

City  
EAU CLAIRE

State  
WI

Zip Code  
54701-9037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCHS

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2020

**Transaction ID : SA11A.19579**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

2850.00

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. BERLIE, CECIL, , ,

Mailing Address 3502 OAKDALE CT

City  
EAU CLAIREState  
WIZip Code  
54701-9037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCHSOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2020

Transaction ID : SA11A.19580

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. BAUMAN, MICHAEL, , ,

Mailing Address 14309 WEST 57TH STREET

City  
SHAWNEEState  
KSZip Code  
66216-4679FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2020

Transaction ID : SA11A.19585

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. LITTON, ANDREW, , ,

Mailing Address 1822 WOODS EDGE DR NE

City  
LEESBURGState  
VAZip Code  
20176-6619FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2020

Transaction ID : SA11A.19584

Amount of Each Receipt this Period

400.00

☐ Memo Item  
CONTRIBUTION

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

700.00

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  
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FOR LINE NUMBER: PAGE 93 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. MACKIE, ROBB, , ,

Mailing Address 6422 BEECHWOOD DRIVE

City  
COLUMBIAState  
MDZip Code  
21046-1011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICAN BAKERS ASSOCIATIONOccupation (for Individual)  
ASSOCIATION EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2020

Transaction ID : SA11A.19583

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. MALLEY, BONITA, , ,

Mailing Address 10800 LATHROP LANE NW

City  
SILVERDALEState  
WAZip Code  
98383-7371FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2020

Transaction ID : SA11A.19590

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

C. SCHMITT, GREGORY, , ,

Mailing Address 6048 JOYCE WAY

City  
DALLASState  
TXZip Code  
75225-1913FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUNTON ANDREWS KURTH LLPOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2020

Transaction ID : SA11A.19589

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. ALLPHIN, ALAN, , ,**

Mailing Address 5828 WEBSTER ST

City  
DOWNERS GROVE

State  
IL

Zip Code  
60516-1313

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19591

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. FOWLKES, STEVEN, , ,**

Mailing Address 11661 SAN VICENTE BOULEVARD  
#510

City  
LOS ANGELES

State  
CA

Zip Code  
90049-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
R.W. SELBY & CO., INC.

Occupation (for Individual)  
R.E. MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19529

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

**C. HEAVENER, JAMES, W., ,**

Mailing Address 3300 UNIVERSITY BLVD  
STE 218

City  
WINTER PARK

State  
FL

Zip Code  
32792-7435

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FULL SAIL UNIVERSITY

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19527

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

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

75500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. NAU, JOHN, L., , III

Mailing Address 2229 SAN FELIPE  
SUITE 1250

City  
HOUSTON

State  
TX

Zip Code  
77019-5644

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SILVER EAGLE DISTRIBUTORS, LP

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19530

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

B. NICHOLS, DAVID, , ,

Mailing Address 640 N. MACEWEN DR

City  
OSPREY

State  
FL

Zip Code  
34229-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DENTAL CARE ALLIANCE

Occupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19610

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

C. ROBERTSON, JULIAN, H., , JR.

Mailing Address 101 PARK AVE, 48TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10178-4799

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TIGER MANAGEMENT, LLC

Occupation (for Individual)  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19521

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

1105000.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. SCHWARTZ, MARVIN, C., ,

Mailing Address 1290 AVENUE OF THE AMERICAS

City  
NEW YORK

State  
NY

Zip Code  
10104-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEUBERGER BERMAN LCC

Occupation (for Individual)  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19523

Amount of Each Receipt this Period

75000.00

☐ Memo Item  
CONTRIBUTION

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

B. 21ST CENTURY HEALTHCARE, INC.

Mailing Address 2115 SOUTH WILSON STREET

City  
TEMPE

State  
AZ

Zip Code  
85282-2034

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

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19517

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

C. CHARLOTTE PIPE AND FOUNDRY COMPANY

Mailing Address P.O. BOX 35430

City  
CHARLOTTE

State  
NC

Zip Code  
28235-5430

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

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19525

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

125000.00

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  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. DEVON ENERGY PRODUCTION CO. LP**

Mailing Address 20 NORTH BROADWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73102-9213

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

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

**Transaction ID : SA11A.19520**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. HM STONELEIGH HOLDINGS**

Mailing Address 3300 UNIVERSITY BOULEVARD  
#218

City  
WINTER PARK

State  
FL

Zip Code  
32792-7435

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

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

**Transaction ID : SA11A.19524**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. LOCAL MANAGEMENT LLC**

Mailing Address P.O. BOX 906238

City  
GAINESVILLE

State  
GA

Zip Code  
30501-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2020

**Transaction ID : SA11A.19528**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

280000.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. MEHLMAN OPERATING, LLC**

Mailing Address 1345 AVENUE OF THE AMERICAS  
FLOOR 15

City  
NEW YORK

State  
NY

Zip Code  
10105-0021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19518

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. PARRA LOAN COMPANY**

Mailing Address 744 EAST WASHINGTON STREET

City

BROWNSVILLE

State

TX

Zip Code

78520-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19526

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. SWISHER**

Mailing Address 600 MASSACHUSETTS AVENUE NORTHWEST  
SUITE 390

City

WASHINGTON

State

DC

Zip Code

20001-5552

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

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11A.19522

Amount of Each Receipt this Period

75000.00

☐ Memo Item  
CONTRIBUTION

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

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

95000.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 14 / 2020

Transaction ID : SA11C.19514381

Amount of Each Receipt this Period

250.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**B. LECHNER, FRANK, , ,**

Mailing Address 2468 BROOKCLIFF WAY NORTHEAST

City  
ATLANTA

State  
GA

Zip Code  
30345-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EMORY UNIVERSITY

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2020

Transaction ID : SA11A.19515

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**C. AMSTUTZ, ERIC, , ,**

Mailing Address 17 RIDGELAND DRIVE

City  
GREENVILLE

State  
SC

Zip Code  
29601-3015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYCHE PROFESSIONAL ASSOCIATION

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2020

Transaction ID : SA11A.19619

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. ANDERSON, GARY, , ,**

Mailing Address 15193 W 311TH STREET

City  
PAOLA

State  
KS

Zip Code  
66071-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2020

**Transaction ID : SA11A.19615**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**B. BURGNER, BOBBY, , ,**

Mailing Address 12 WHITE CLIFFS CRST

City

SANTA ROSA BEACH

State

FL

Zip Code

32459-4578

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2020

**Transaction ID : SA11A.19621**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. ELLIS, ROBERT, , ,**

Mailing Address 10 SUMAC LANE

City

SAINT LOUIS

State

MO

Zip Code

63124-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALTER TRADING CORPORATION

Occupation (for Individual)  
SVP/GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2020

**Transaction ID : SA11A.19614**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

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

1800.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. MOYERS, HERMAN, , ,

Mailing Address 203 SAINT MARY'S CHURCH RD.

City  
MORGANTONState  
NCZip Code  
28655-9097FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TATUKGISOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2020

Transaction ID : SA11A.19612

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

B. WENDT, GREG, , ,

Mailing Address 1 MARKET STREET, STEUART TOWER 200

City  
SAN FRANCISCOState  
CAZip Code  
94105-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITAL GROUPOccupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2020

Transaction ID : SA11A.19622

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

C. WENDT, GREG, , ,

Mailing Address 1 MARKET STREET, STEUART TOWER 200

City  
SAN FRANCISCOState  
CAZip Code  
94105-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPITAL GROUPOccupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2020

Transaction ID : SA11A.19623

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

75075.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. BALDWIN, AL, , ,**

Mailing Address 20 CORPORATE PLAZA DRIVE

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BALDWIN & SONS

Occupation (for Individual)  
HOME BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2020

Transaction ID : SA11A.19627

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. JANNEY, STUART, , ,**

Mailing Address 15326 FALLS ROAD

City  
BUTLER

State  
MD

Zip Code  
21023-

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BESSEMER

Occupation (for Individual)  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2020

Transaction ID : SA11A.19628

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

**C. MANION, JASON, , ,**

Mailing Address 3903 8TH STREET SOUTH

City  
ARLINGTON

State  
VA

Zip Code  
22204-1549

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GIBSON, DUNN & CRUTCHER

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 16 / 2020

Transaction ID : SA11A.19642

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

8500.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. CELEBRATE LIFE TRUST**

Mailing Address 1336 BASSWOOD ROAD

City  
SCHAUMBURG

State  
IL

Zip Code  
60173-4544

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 ▼

3600000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2020

**Transaction ID : SA11A.19550**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. DICKINSON READY MIX**

Mailing Address 37 WESTGATE AVE

City  
DICKINSON

State  
ND

Zip Code  
58601-3203

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2020

**Transaction ID : SA11A.19546**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

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

## **C. OXBOW CARBON LLC**

Mailing Address 1601 FORUM PLACE  
SUITE 1400

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401-8104

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

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2020

**Transaction ID : SA11A.19548**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

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

1101500.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. PENSKE CORPORATION**

Mailing Address 31740 ENTERPRISE DRIVE

City  
LIVONIA

State  
MI

Zip Code  
48150-1941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2020

**Transaction ID : SA11A.19549**

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. VALERO**

Mailing Address ONE VALERO WAY

City

SAN ANTONIO

State

TX

Zip Code

78249-1616

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 ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2020

**Transaction ID : SA11A.19547**

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. WINRED**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2020

**Transaction ID : SA11C.19603451**

Amount of Each Receipt this Period

1000.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

1000000.00



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. HOCTOR, KATHLEEN, , ,**

Mailing Address 6505 SOUTHWEST 133RD DRIVE

City  
MIAMI

State  
FL

Zip Code  
33156-7065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
ESSERMAN AUTOMOTIVE GROUP

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**12 / 10 / 2020**

**Transaction ID : SA11A.19604**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

**12 / 16 / 2020**

**Transaction ID : SA11C.19603454**

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

**C. FLICKINGER, SUSAN, , ,**

Mailing Address 52 TREE SIDE LANE

City  
PONTE VEDRA BEACH

State  
FL

Zip Code  
32081-5748

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 ▼

500.00

Date of Receipt

**12 / 11 / 2020**

**Transaction ID : SA11A.19607**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. BUSCH, AUGUST, A., , III**

Mailing Address ONE MID RIVERS MALL, SUITE 210

City  
SAINT PETERSState  
MOZip Code  
63376-4301FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	0

Transaction ID : SA11A.19562

Amount of Each Receipt this Period

60000.00

☐ Memo Item  
CONTRIBUTION

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

**B. CHAMBERS, ZACHARY, , ,**

Mailing Address 3518 WINDSPUN DR

City  
HUNTINGTON BEACHState  
CAZip Code  
92649-2028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEACLIFF COUNTRY CLUBOccupation (for Individual)  
BAG ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	0

Transaction ID : SA11A.19657

Amount of Each Receipt this Period

199.00

☐ Memo Item  
CONTRIBUTION

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

**C. CURTIS, DANIEL, , ,**

Mailing Address 14 CHURCHILL RD

City  
CHELMSFORDState  
MAZip Code  
01824-1308FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	0

Transaction ID : SA11A.19646

Amount of Each Receipt this Period

500.00

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

60699.00

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

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. LIPSCHULTZ, MARC, S., ,

Mailing Address 245 PARK AVENUE  
41ST FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10167-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OWL ROCK CAPITAL PARTNERS

Occupation (for Individual)  
CO-FOUNDER & PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : SA11A.19560

Amount of Each Receipt this Period

90000.00

☐ Memo Item  
CONTRIBUTION

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

B. MILLER, ROBERT, S., ,

Mailing Address 3280 RUM ROW

City  
NAPLES

State  
FL

Zip Code  
34102-7838

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : SA11A.19558

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

C. NEWHALL, CHARLES, , ,

Mailing Address 3120 W GOLF COURSE ROAD

City  
OWINGS MILLS

State  
MD

Zip Code  
21117-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREENSPRING ASSOCIATES

Occupation (for Individual)  
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2020

Transaction ID : SA11A.19647

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

110000.00

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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. OSTROVER, DOUG, , ,**

Mailing Address 10 BROAD ROAD

City  
GREENWICH

State  
CT

Zip Code  
06830-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OWL ROCK CAPITAL

Occupation (for Individual)  
CO-FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19559**

Amount of Each Receipt this Period

40000.00

☐ Memo Item  
CONTRIBUTION

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

**B. PASH, JEFFREY, , ,**

Mailing Address 941 PARK AVENUE, APT. 8C

City  
NEW YORK

State  
NY

Zip Code  
10028-0318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NATIONAL FOOTBALL LEAGUE

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19650**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. RIEDEL, KURT, , ,**

Mailing Address 235 CLIFF AVENUE

City  
PELHAM

State  
NY

Zip Code  
10803-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MILLENNIUM PARTNERS

Occupation (for Individual)  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

219000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19556**

Amount of Each Receipt this Period

120000.00

☐ Memo Item  
CONTRIBUTION

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

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

161000.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. SCHNITZER, DOUG, , ,**

Mailing Address 11 GREENWAY PLZ, STE 3100

City  
HOUSTON

State  
TX

Zip Code  
77046-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SENTERRA

Occupation (for Individual)  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19649**

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SCHNITZER, KENNETH, , ,**

Mailing Address 2021 MCKINNEY AVE

City  
DALLAS

State  
TX

Zip Code  
75201-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVONDALE

Occupation (for Individual)  
AUTO SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19648**

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

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

**C. AMERICAN FUEL AND PETROCHEMICAL MANUFACTURERS**

Mailing Address 1800 M ST., NW  
SUITE 900N

City  
WASHINGTON

State  
DC

Zip Code  
20036-5883

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 ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19557**

Amount of Each Receipt this Period

900000.00

☐ Memo Item  
CONTRIBUTION

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

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

935000.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. ANDERSON TRUCKING SERVICE, INC.**

Mailing Address P.O. BOX 1377

City  
ST. CLOUD

State  
MN

Zip Code  
56302-1377

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

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19564**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. CHEVRON CORPORATION**

Mailing Address PO BOX 6042

City  
SAN RAMON

State  
CA

Zip Code  
94583-0742

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 ▼

3400000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19565**

Amount of Each Receipt this Period

750000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. HECLA MINING COMPANY**

Mailing Address 6500 NORTH MINERAL DRIVE  
SUITE 200

City  
COEUR D ALENE

State  
ID

Zip Code  
83815-9408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19567**

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

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

795000.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. MANHATTAN LIFE GROUP**

Mailing Address 10777 NORTHWEST FREEWAY

City  
HOUSTON

State  
TX

Zip Code  
77092-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11A.19563**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA11C.19608456**

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

## **C. LOVE, LORI, , ,**

Mailing Address 3632 CEDARBRAE LANE

City  
SAN DIEGO

State  
CA

Zip Code  
92106-3256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2020

**Transaction ID : SA11A.19609**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

5500.00

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. BOHNET, TOM, , ,

Mailing Address 34996 283RD ST

City  
BURKEState  
SDZip Code  
57523-5191FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2020

Transaction ID : SA11A.19682

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
 CONTRIBUTION

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

B. CLEMO, ROBERT, , ,

Mailing Address 5 RUE VILLARS

City

NEWPORT BEACH

State

CA

Zip Code

92660-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EPIC INSURANCE BROKERS AND CONSULTANTSOccupation (for Individual)  
MANAGING PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2020

Transaction ID : SA11A.19602

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

C. FERRARA, JOSEPH, , ,

Mailing Address 146 OXFORD BLVD.

City

GARDEN CITY

State

NY

Zip Code

11530-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FERRARA BROS., LLCOccupation (for Individual)  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2020

Transaction ID : SA11A.19659

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
 CONTRIBUTION

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

13000.00

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



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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. KEPLEY, MARY ELIZABETH, , ,**

Mailing Address P.O. BOX 8512

City  
ROANOKE

State  
VA

Zip Code  
24014-0512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
REAL ESTATE

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2020

**Transaction ID : SA11A.19597**

Amount of Each Receipt this Period

300.00

☐ Memo Item  
CONTRIBUTION

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

**B. MAFFEI, GREGORY, B., ,**

Mailing Address 12300 LIBERTY BOULEVARD

City  
ENGLEWOOD

State  
CO

Zip Code  
80112-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LIBERTY MEDIA CORPORATION

Occupation (for Individual)  
PRESIDENT, CEO AND DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2020

**Transaction ID : SA11A.19598**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**C. BREUER, TOM, , ,**

Mailing Address 2527 STEPHENS GRANT DRIVE

City  
SUGAR LAND

State  
TX

Zip Code  
77479-2245

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2020

**Transaction ID : SA11A.19686**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

100550.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. CLAY, THOMAS, , ,**

Mailing Address 45 SNOW LANE

City  
NEW LONDON

State  
NH

Zip Code  
03257-5475

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2020

Transaction ID : SA11A.19685

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. JONES, THOMAS, , ,**

Mailing Address 5200 N CALLE BUJIA

City  
TUCSON

State  
AZ

Zip Code  
85718-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CTI, INC

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 20 / 2020

Transaction ID : SA11A.19688

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**C. CLIFFORD, KEVIN, , ,**

Mailing Address 3750 LAS VEGAS BLVD  
UNIT 2908

City  
LAS VEGAS

State  
NV

Zip Code  
89158-4362

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 ▼

400000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

Transaction ID : SA11A.19635

Amount of Each Receipt this Period

150000.00

☐ Memo Item  
CONTRIBUTION

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

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

151250.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. KOONTZ, MEL, , ,**

Mailing Address 3262 DUNBERY CHASE

City  
MARIETTA

State  
GA

Zip Code  
30067-5061

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19693**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**B. MCCRODDEN, BRUCE, , ,**

Mailing Address 9421 SHERWOOD TRAIL

City  
BRECKSVILLE

State  
OH

Zip Code  
44141-2772

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19695**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**C. SINQUEFIELD, REX, , ,**

Mailing Address 244 BENT WALNUT LN

City  
WESTPHALIA

State  
MO

Zip Code  
65085-2022

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 ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19631**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

52500.00

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

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. STEPHENS, WARREN, A., ,**

Mailing Address 111 CENTER STREET

City  
LITTLE ROCK

State  
AR

Zip Code  
72201-4402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STEPHENS, INC.

Occupation (for Individual)  
CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19634**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

**B. WATTERS, ROBB, , ,**

Mailing Address 627 PHILIP DIGGES DR

City  
GREAT FALLS

State  
VA

Zip Code  
22066-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE MADISON GROUP

Occupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19691**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION**

Mailing Address 1892 PRESTON WHITE DRIVE

City  
RESTON

State  
VA

Zip Code  
20191-5497

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19636**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

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

1010500.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. INDEPENDENT ELECTRIC**

Mailing Address 2001 MARINA BOULEVARD

City  
SAN LEANDRO

State  
CA

Zip Code  
94577-3204

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 ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19633**

Amount of Each Receipt this Period

12500.00

☐ Memo Item  
CONTRIBUTION

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

## **B. MARTIN MARIETTA MATERIALS, INC.**

Mailing Address 2710 WYCLIFF ROAD

City  
RALEIGH

State  
NC

Zip Code  
27607-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2020

**Transaction ID : SA11A.19632**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. BAE, JOSEPH, , ,**

Mailing Address 45 E 65TH STREET

City  
NEW YORK

State  
NY

Zip Code  
10065-6508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

KKR

CO-PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
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**Transaction ID : SA11A.19640**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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72500.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. CLARE, PETER, J., ,**

Mailing Address 4400 W STREET NORTHWEST

City  
WASHINGTON

State  
DC

Zip Code  
20007-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUP

Occupation (for Individual)  
CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2020

Transaction ID : SA11A.19661

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

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

**B. DUCHOSSOIS, CRAIG, J., ,**

Mailing Address 444 WEST LAKE STREET  
SUITE 2000

City  
CHICAGO

State  
IL

Zip Code  
60606-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE DUCHOSSOIS GROUP, INC.

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3966500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2020

Transaction ID : SA11A.19641

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

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

**C. LEONARD, LUANNE, , ,**

Mailing Address 36560 SAGUARO COURT

City  
RANCHO MIRAGE

State  
CA

Zip Code  
92270-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2020

Transaction ID : SA11A.19710

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

600250.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 119 OF 283

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. LUTNICK, HOWARD, , ,

Mailing Address P.O. BOX 703

City  
BRIDGEHAMPTON

State  
NY

Zip Code  
11932-0703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CANTOR FITZGERALD

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2020

Transaction ID : SA11A.19660

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

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

B. MCNECE, GREGORY, , ,

Mailing Address P.O. BOX 1830

City  
DAVIS

State  
CA

Zip Code  
95617-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVISVILLE PROPERTIES, INC.

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2020

Transaction ID : SA11A.19696

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

C. THIER, TONY, , ,

Mailing Address POB 246

City  
DYERSVILLE

State  
IA

Zip Code  
52040-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BARD MATERIALS

Occupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2020

Transaction ID : SA11A.19698

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

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

1006000.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. CARLSON, HERBERT, E., , JR.**

Mailing Address 21 WINESAP ROAD

City  
KENSINGTON

State  
CT

Zip Code  
06037-2932

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19669

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. COLBURN, RICHARD, W., ,**

Mailing Address 555 SKOKIE BOULEVARD  
SUITE 555

City  
NORTHBROOK

State  
IL

Zip Code  
60062-2854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAYROLL & INSURANCE GROUP, INC.

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19674

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

**C. DUCHOSSOIS, CRAIG, J., ,**

Mailing Address 444 WEST LAKE STREET  
SUITE 2000

City  
CHICAGO

State  
IL

Zip Code  
60606-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE DUCHOSSOIS GROUP, INC.

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3966500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19678

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

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

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

521000.00



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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. DYKE, MERRITT, , ,**

Mailing Address 309 CENTER STREET

City  
LITTLE ROCK

State  
AR

Zip Code  
72201-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DYKE INDUSTRIES, INC.

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19711**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**B. ELCAN, DANIEL, G., ,**

Mailing Address 2862 DAUPHIN STREET

City  
MOBILE

State  
AL

Zip Code  
36606-2457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELCAN AND ASSOCIATES

Occupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19662**

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

**C. SULLIVAN, FRANK, C., ,**

Mailing Address 27320 LAKE ROAD

City  
BAY VILLAGE

State  
OH

Zip Code  
44140-2070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RPM INTERNATIONAL INC.

Occupation (for Individual)  
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19667**

Amount of Each Receipt this Period

75000.00

☐ Memo Item  
CONTRIBUTION

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

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

100000.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. YANNEY, MICHAEL, B., ,**

Mailing Address 1700 FARNAM STREET  
SUITE 2850

City  
OMAHA

State  
NE

Zip Code  
68102-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BURLINGTON CAPITAL GROUP

Occupation (for Individual)  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19665**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

**B. ADVANCED HEALTHCARE SERVICES GROUP**

Mailing Address 1655 PALM BEACH LAKES BOULEVARD  
#1003

City

WEST PALM BEACH

State

FL

Zip Code

33401-2211

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 ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19670**

Amount of Each Receipt this Period

7500.00

☐ Memo Item  
CONTRIBUTION

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

**C. ALTRIA CLIENT SERVICES LLC**

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 ▼

750000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19663**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

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

59500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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for each category of the  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

### A. CALPORTLAND COMPANY

Mailing Address 2025 EAST FINANCIAL WAY

City  
GLENDORA

State  
CA

Zip Code  
91741-4692

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 ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19666

Amount of Each Receipt this Period

30000.00

☐ Memo Item  
CONTRIBUTION

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

### B. DIVERSIFIED GAS & OIL CORPORATION

Mailing Address 4150 BELDEN VILLAGE STREET NORTHWE  
SUITE 401

City  
CANTON

State  
OH

Zip Code  
44718-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19671

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

### C. FLORIDA EAST COAST INDUSTRIES, LLC

Mailing Address 700 NORTHWEST 1ST AVENUE

City  
MIAMI

State  
FL

Zip Code  
33136-4115

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19672

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

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

100000.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

**A. MCWANE, INC.**

Mailing Address P.O. BOX 43327

City  
BIRMINGHAM

State  
AL

Zip Code  
35243-0327

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19664

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**B. SOUTH GEORGIA DENTAL MANAGEMENT**

Mailing Address 10385 FORD AVENUE  
UNIT D8

City  
RICHMOND HILL

State  
GA

Zip Code  
31324-9038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19676

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

**C. SOUTH GEORGIA DENTAL MANAGEMENT**

Mailing Address 10385 FORD AVENUE  
UNIT D8

City  
RICHMOND HILL

State  
GA

Zip Code  
31324-9038

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2020

Transaction ID : SA11A.19677

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

60000.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. SUNSET MANAGEMENT, INC.**

Mailing Address 510 MOUNTAIN VIEW DRIVE  
SUITE 500

City  
SENECA

State  
SC

Zip Code  
29672-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19673**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. TOTAL SYSTEM SERVICES, LLC**

Mailing Address P.O. BOX 2506

City

COLUMBUS

State

GA

Zip Code

31902-2506

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

M M / D D / Y Y Y Y Y  
12 / 23 / 2020

**Transaction ID : SA11A.19668**

Amount of Each Receipt this Period

75000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. GEORGIA WINS INC**

Mailing Address PO BOX 14184

City

ATLANTA

State

GA

Zip Code

30324-1184

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 ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 24 / 2020

**Transaction ID : SA11A.19722**

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

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

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

100000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

### A. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2020

Transaction ID : SA11C.19701539

Amount of Each Receipt this Period

25.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

### B. SHELBY, JAMES, , ,

Mailing Address 26 ABERDEEN TERRACE

City  
WAYNE

State  
PA

Zip Code  
19087-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
QUENCH

Occupation (for Individual)  
IT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2020

Transaction ID : SA11A.19702

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

### C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

11680.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2020

Transaction ID : SA11C.19701540

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

25.00

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

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. DA COSTA, STACY, , ,

Mailing Address 14650 SOUTHWEST 93RD LANE

City  
MIAMIState  
FLZip Code  
33186-1051FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
APEX SYSTEMSOccupation (for Individual)  
IT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 21 / 2020

Transaction ID : SA11A.19703

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

B. BRONSHTEYN, YEVGENIY, , ,

Mailing Address 87 HAMMOND PL

City  
WOBURNState  
MAZip Code  
01801-3449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFTOccupation (for Individual)  
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 25 / 2020

Transaction ID : SA11A.19725

Amount of Each Receipt this Period

30.00

☐ Memo Item  
 CONTRIBUTION

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

C. FITZGERALD, KATHLEEN, , ,

Mailing Address 4865 GILBERT STATION ROAD

City  
BARBOURSVILLEState  
VAZip Code  
22923-1725FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 26 / 2020

Transaction ID : SA11A.19727

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

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

280.00

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

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

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. HEASLEY, PHILIP, , ,

Mailing Address 3271 GREEN DOLPHIN LANE

City  
NAPLESState  
FLZip Code  
34102-7917FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2020

Transaction ID : SA11A.19729

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

B. HUGHES, DAVID, , ,

Mailing Address 41 FOREST OAKS WAY

City  
SPARTANBURGState  
SCZip Code  
29307-3058FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2020

Transaction ID : SA11A.19732

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

C. LIU, PHILIP, M., ,

Mailing Address 301 MISSION STREET  
29DCity  
SAN FRANCISCOState  
CAZip Code  
94105-6653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2020

Transaction ID : SA11A.19706

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

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

1550.00

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



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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. ALTAMAHA INVESTMENT HOLDINGS, INC.**

Mailing Address P.O. BOX 339

City  
MACON

State  
GA

Zip Code  
31202-

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 ▼

23600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

**Transaction ID : SA11A.19707**

Amount of Each Receipt this Period

23600.00

☐ Memo Item  
CONTRIBUTION

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

## **B. CONSUMER CONCRETE CORPORATION**

Mailing Address P.O. BOX 2229

City

KALAMAZOO

State

MI

Zip Code

49003-2229

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

**Transaction ID : SA11A.19708**

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. PDC ENERGY**

Mailing Address P.O. BOX 26

City

BRIDGEPORT

State

WV

Zip Code

26330-0026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

**Transaction ID : SA11A.19705**

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

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

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

46600.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. WPX ENERGY, INC.**

Mailing Address 1 ONE WILLIAMS CENTER

City  
TULSA

State  
OK

Zip Code  
74172-0140

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

M M / D D / Y Y Y Y Y  
12 / 28 / 2020

**Transaction ID : SA11A.19704**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. FERRARA, STEPHEN, , ,**

Mailing Address 6549 EAST HUBBELL STREET

City

SCOTTSDALE

State

AZ

Zip Code

85257-2560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA11A.19717**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

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

## **C. HEASLEY, ERIC, , ,**

Mailing Address 505 NORTH 8TH STREET

City

INDIANA

State

PA

Zip Code

15701-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MATT KLAIN MD PC

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA11A.19756**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

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

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

252700.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

**A. KNIFIC, RANDOLPH, , ,**

Mailing Address 13400 PONDEROSA WAY

City  
FORT MYERS

State  
FL

Zip Code  
33907-7853

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RADIOLOGY REGIONAL CENTER

Occupation (for Individual)  
DOCTOR RADIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA11A.19757**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

**B. MARRIOTT, J.W., , , JR.**

Mailing Address 7124 NATELLI WOODS LANE

City  
BETHESDA

State  
MD

Zip Code  
20817-3927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARRIOTT INTERNATIONAL, INC.

Occupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA11A.19713**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

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

**C. WOLF, JORGE, , ,**

Mailing Address 860 BEACON COURT

City  
HOLLYWOOD

State  
FL

Zip Code  
33019-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVIATOR CAPITAL MANAGAMENT

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA11A.19714**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

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

75250.00

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

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

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

## **A. GOODLIVES, LLC**

Mailing Address 1151 PRESERVE POINT DRIVE

City  
WINTER PARK

State  
FL

Zip Code  
32789-5932

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

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

Transaction ID : SA11A.19716

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

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

## **B. MILWAUKEE CHAMBER OF COMMERCE**

Mailing Address 756 NORTH MILWAUKEE STREET

City  
MILWAUKEE

State  
WI

Zip Code  
53202-3719

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

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

Transaction ID : SA11A.19715

Amount of Each Receipt this Period

14000.00

☐ Memo Item  
CONTRIBUTION

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

## **C. BRAGAN, DOUGLAS, , ,**

Mailing Address 180 EAST PEARSON STREET

City  
CHICAGO

State  
IL

Zip Code  
60611-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
AD SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19745

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

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

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

44000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. HAMMER, KARREN, , ,

Mailing Address 1854 YALE AVENUE

City

SALT LAKE CITY

State

UT

Zip Code

84108-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INTERMOUNTAIN HEALTHCARE

Occupation (for Individual)

LAWYER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19766

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. HAWK, LEA, , ,

Mailing Address 1995 POINT TOWNSHIP DRIVE

City

NORTHUMBERLAND

State

PA

Zip Code

17857-8856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KEYSTONE INSURERS GROUP

Occupation (for Individual)

COO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

11200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19771

Amount of Each Receipt this Period

11200.00

☐ Memo Item  
CONTRIBUTION

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

C. MASTERS, CHARLES, W., ,

Mailing Address 200 VICTORIA RD, NO 4

BLDG. #4

City

YOUNGSTOWN

State

OH

Zip Code

44515-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CHARLES MASTERS &amp; COMPANY CPA'S LLC

Occupation (for Individual)

CPA

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19768

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

11500.00

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

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

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

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

A. MORRIS, ROBERT, , ,

Mailing Address 3540 WASHINGTON STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94118-1849

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19767

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

B. WALTERS, KATHERINE, , ,

Mailing Address 6520 INDIAN ACRES TRL

City  
TUCKER

State  
GA

Zip Code  
30084-1604

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19772

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

C. WOOTTEN, GERALD, , ,

Mailing Address 298 COUNTY ROAD 1468

City  
CULLMAN

State  
AL

Zip Code  
35058-0630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMTEX

Occupation (for Individual)  
OWNER/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19765

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. ALFA MUTUAL INSURANCE COMPANY

Mailing Address 2108 EAST SOUTH BOULEVARD

City  
MONTGOMERY

State  
AL

Zip Code  
36116-2410

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

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19743

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. BOYD GAMING CORPORATION

Mailing Address 6465 SOUTH RAINBOW BOULEVARD

City  
LAS VEGAS

State  
NV

Zip Code  
89118-3215

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

Transaction ID : SA11A.19744

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75000.00

39370444.01

# **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 136 OF 283

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

## **A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City  
WASHINGTON

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

**11** / **25** / **2020**

**Transaction ID : SA11C.19078**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

## **B. PEOPLETEC, INC. POLITICAL ACTION COMMITTEE (PEOPLETEC PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901-I CORPORATE DRIVE

City

HUNTSVILLE

State  
AL

Zip Code  
35805-6201

FEC ID number of contributing  
federal political committee.

**C** C00744425

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**11** / **30** / **2020**

**Transaction ID : SA11C.19209**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

## **C. DIRIGO PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1355

City

ALEXANDRIA

State  
VA

Zip Code  
22313-1355

FEC ID number of contributing  
federal political committee.

**C** C00391797

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

**12** / **08** / **2020**

**Transaction ID : SA11C.19345**

Amount of Each Receipt this Period

40000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TORCH TECHNOLOGIES, INC. PAC**

Mailing Address 4090 MEMORIAL PARKWAY SOUTHWEST

City  
HUNTSVILLE

State  
AL

Zip Code  
35802-1382

FEC ID number of contributing  
federal political committee.

**C** C00400424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23050.00

Date of Receipt

**12 / 09 / 2020**

**Transaction ID : SA11C.19463**

Amount of Each Receipt this Period

13050.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TORCH TECHNOLOGIES, INC. PAC**

Mailing Address 4090 MEMORIAL PARKWAY SOUTHWEST

City  
HUNTSVILLE

State  
AL

Zip Code  
35802-1382

FEC ID number of contributing  
federal political committee.

**C** C00400424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23050.00

Date of Receipt

**12 / 09 / 2020**

**Transaction ID : SA11C.19464**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ENVISION HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1A BURTON HILLS BLVD.

City  
NASHVILLE

State  
TN

Zip Code  
37215-6187

FEC ID number of contributing  
federal political committee.

**C** C00398271

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**12 / 17 / 2020**

**Transaction ID : SA11C.19561**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

33050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 283

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AMERICAN FIDELITY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 9000 CAMERON PARKWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73114-3701

FEC ID number of contributing  
federal political committee.

**C** C00210526

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**12 / 23 / 2020**

**Transaction ID : SA11C.19675**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AMERICANS FOR CONSUMER ACCESS TO CREDIT PAC**

Mailing Address 901 NORTH WASHINGTON STREET  
SUITE 700

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-1535

FEC ID number of contributing  
federal political committee.

**C** C00739508

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115750.00

Date of Receipt

**12 / 30 / 2020**

**Transaction ID : SA11C.19720**

Amount of Each Receipt this Period

4250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. CEMEX INC. EMPLOYEES PAC**

Mailing Address 10100 KATY FREEWAY SUITE 300

City  
HOUSTON

State  
TX

Zip Code  
77043-5267

FEC ID number of contributing  
federal political committee.

**C** C00111880

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**12 / 31 / 2020**

**Transaction ID : SA11C.19742**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14250.00

342300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 283

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620FEC 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 ▼

154780.82

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2020

**Transaction ID : SA15.18131**

Amount of Each Receipt this Period

614.93

☐ Memo Item

REFUND - TEXT MESSAGING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620FEC 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 ▼

154780.82

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		16		2020

**Transaction ID : SA15.18132**

Amount of Each Receipt this Period

10647.27

☐ Memo Item

REFUND - TEXT MESSAGING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620FEC 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 ▼

154780.82

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		29		2020

**Transaction ID : SA15.18133**

Amount of Each Receipt this Period

10173.26

☐ Memo Item

REFUND - PHONE CALLS

**SUBTOTAL** of Receipts This Page (optional)..... ►

21435.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 283  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGS

State  
TX

Zip Code  
78620

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 ▼

154780.82

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA15.18134**

Amount of Each Receipt this Period

5383.54

☐ Memo Item

REFUND - PHONE CALLS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGS

State  
TX

Zip Code  
78620

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 ▼

154780.82

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 30 / 2020

**Transaction ID : SA15.18135**

Amount of Each Receipt this Period

5688.83

☐ Memo Item

REFUND - TEXT MESSAGING

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

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11072.37

32507.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 283

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ONE NATION**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKET

State  
VA

Zip Code  
20169

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 ▼

77465000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2020

**Transaction ID : SA17.17992**

Amount of Each Receipt this Period

19000000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. ONE NATION**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKET

State  
VA

Zip Code  
20169

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 ▼

77465000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2020

**Transaction ID : SA17.17993**

Amount of Each Receipt this Period

465000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ONE NATION**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKET

State  
VA

Zip Code  
20169

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 ▼

77465000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2020

**Transaction ID : SA17.18470**

Amount of Each Receipt this Period

3000000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

22465000.00

**TOTAL** This Period (last page this line number only)..... ►

22465000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I1814!

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I18166

Amount of Each Disbursement this Period

35050.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MENTZER MEDIA SERVICES**

Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250

City  
TOWSONState  
MDZip Code  
21204Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I1827

Amount of Each Disbursement this Period

- 4891326.74

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

- 4856255.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. MENTZER MEDIA SERVICES**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250

FEC Identification Number

**C****Transaction ID : SB21B.I1827**

Amount of Each Disbursement this Period

- 314770.91

☐ Memo ItemCity  
TOWSONState  
MDZip Code  
21204Purpose of Disbursement  
SEE SCHEDULE E

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

Mailing Address 1776 WILSON BLVD., SUITE 530

FEC Identification Number

**C****Transaction ID : SB21B.I1817**

Amount of Each Disbursement this Period

109.72

☐ Memo ItemCity  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	2	0		

Mailing Address 1776 WILSON BLVD., SUITE 530

FEC Identification Number

**C****Transaction ID : SB21B.I1817**

Amount of Each Disbursement this Period

14.10

☐ Memo ItemCity  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

- 314647.09

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1823**

Amount of Each Disbursement this Period

990.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE TARRANCE GROUP INC**

Mailing Address 201 N UNION ST, STE 410

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLLING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2020

FEC Identification Number

**C****Transaction ID : SB21B.I18257**

Amount of Each Disbursement this Period

69608.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1817**

Amount of Each Disbursement this Period

436.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

71035.15



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		25		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I18171**

Amount of Each Disbursement this Period

91.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		26		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I18177**

Amount of Each Disbursement this Period

99.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		27		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1817**

Amount of Each Disbursement this Period

69.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		27		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1817

Amount of Each Disbursement this Period

263.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1818

Amount of Each Disbursement this Period

306.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1818

Amount of Each Disbursement this Period

2.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

573.11

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	0

FEC Identification Number

**C****Transaction ID : SB21B.I1826I**

Amount of Each Disbursement this Period

0.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	0

FEC Identification Number

**C****Transaction ID : SB21B.I1818I**

Amount of Each Disbursement this Period

249.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	0

FEC Identification Number

**C****Transaction ID : SB21B.I1818I**

Amount of Each Disbursement this Period

28.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

277.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1823**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	1			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I18184**

Amount of Each Disbursement this Period

201.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	2			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1814**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1818!**

Amount of Each Disbursement this Period

545.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1818c**

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1823**

Amount of Each Disbursement this Period

1750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2313.94

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1823I**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLACK ROCK GROUP LLC**

Mailing Address 66 CANAL CENTER PLAZA, SUITE 500

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1814I**

Amount of Each Disbursement this Period

14850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAVALRY LLC**

Mailing Address 1634 EYE STREET NW, STE 800

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		03		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1814I**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25850.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CFC CONSULTING INC**

Mailing Address 4100 OLD FLORIDA SHORT ROUTE

City  
MOUNTAIN BROOKState  
ALZip Code  
35243Purpose of Disbursement  
BOOKKEEPING / CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1814**

Amount of Each Disbursement this Period

8500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP, LLC**

Mailing Address 611 PENNSYLVANIA AVE SE #267

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
BOOKKEEPING / CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1816C**

Amount of Each Disbursement this Period

3650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DMM MEDIA**

Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
TV/MEDIA PRODUCTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1816**

Amount of Each Disbursement this Period

13169.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25319.91

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. INTEGRATED CAMPAIGN SOLUTIONS**

Mailing Address 526 DAROCO AVE

City  
CORAL GABLESState  
FLZip Code  
33146Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				03				2020					

FEC Identification Number

C

Transaction ID : SB21B.I1816I

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RED OAK STRATEGIC LLC**

Mailing Address P.O. BOX 2561

City  
ALEXANDRIAState  
VAZip Code  
22301Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				03				2020					

FEC Identification Number

C

Transaction ID : SB21B.I1817I

Amount of Each Disbursement this Period

3815.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				03				2020					

FEC Identification Number

C

Transaction ID : SB21B.I1818I

Amount of Each Disbursement this Period

19.41

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8835.26



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 283

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	0		

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1818**

Amount of Each Disbursement this Period

23.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	3			2	0	2	0		

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I18237**

Amount of Each Disbursement this Period

220.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS - FEES**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		0	4			2	0	2	0		

Mailing Address P.O. BOX 36001

City  
FORT LAUDERDALEState  
FLZip Code  
33336Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1813**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

263.48

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1818**

Amount of Each Disbursement this Period

115.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1819**

Amount of Each Disbursement this Period

3.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1819**

Amount of Each Disbursement this Period

211.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

329.93

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1819

Amount of Each Disbursement this Period

[REDACTED] 3.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONE NATION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2020

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
RENT AND SALARIES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1817C

Amount of Each Disbursement this Period

[REDACTED] 78576.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1819

Amount of Each Disbursement this Period

[REDACTED] 673.69

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[REDACTED] 79254.24

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1819**

Amount of Each Disbursement this Period

46.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1823**

Amount of Each Disbursement this Period

875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1823**

Amount of Each Disbursement this Period

350.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1271.69

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1819!**

Amount of Each Disbursement this Period

4.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1824C**

Amount of Each Disbursement this Period

550.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1824**

Amount of Each Disbursement this Period

350.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

904.80

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1824**

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2020

FEC Identification Number

**C****Transaction ID : SB21B.I18261**

Amount of Each Disbursement this Period

9.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1826**

Amount of Each Disbursement this Period

218.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

578.55

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEESCategory/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1819I

Amount of Each Disbursement this Period

27.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEESCategory/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1824I

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEESCategory/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1824I

Amount of Each Disbursement this Period

110.30

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

207.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	9			2	0	2	0		

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1826

Amount of Each Disbursement this Period

4.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

Mailing Address P.O. BOX 1270

City  
NEWARKState  
NJZip Code  
07101Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I18136

Amount of Each Disbursement this Period

5003.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ALLIED TELECOM**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

Mailing Address 1400 CRYSTAL DRIVE

City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
INTERNET AND PHONE

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1844

Amount of Each Disbursement this Period

398.46

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5007.85



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ATLANTIC SERVICES GROUP, INC.**

Mailing Address 4200 WISCONSIN AVE NW, SUITE 550

City  
WASHINGTONState  
DCZip Code  
20016Purpose of Disbursement  
PARKING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1845'**

Amount of Each Disbursement this Period

350.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGNMONITOR.COM**

Mailing Address 404/3-5 STAPLETON AVE

City  
SUTHERLANDState  
AUZip Code  
02232Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I18452**

Amount of Each Disbursement this Period

37.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXCHANGE INC**

Mailing Address 4487 FORBES BLVD

City  
LANHAMState  
MDZip Code  
20706Purpose of Disbursement  
COMPUTER TECHNICAL SUPPORT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1845**

Amount of Each Disbursement this Period

159.01

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
						2020					

Mailing Address 1593 SPRING HILL ROAD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1845!**

Amount of Each Disbursement this Period

375.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMCAST**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
						2020					

Mailing Address 900 MICHIGAN AVE NW

City  
WASHINGTONState  
DCZip Code  
20017Purpose of Disbursement  
UTILITIES - INTERNET

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1845!**

Amount of Each Disbursement this Period

146.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONFERENCE AMERICA INC**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
						2020					

Mailing Address 7079 UNIVERSITY CT

City  
MONTGOMERYState  
ALZip Code  
36117Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1845**

Amount of Each Disbursement this Period

670.46

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. DATAWATCH SYSTEMS INC**

Mailing Address 4401 EAST WEST HWY

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2020

FEC Identification Number

C

Transaction ID : SB21B.I1845

Amount of Each Disbursement this Period

28.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3965 AIRWAYS

City  
MEMPHISState  
TNZip Code  
38116Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2020

FEC Identification Number

C

Transaction ID : SB21B.I1845

Amount of Each Disbursement this Period

52.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTRADO CORPORATION**

Mailing Address 11808 MIRACLE HILLS DR.

City  
OMAHAState  
NEZip Code  
68154Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2020

FEC Identification Number

C

Transaction ID : SB21B.I1846

Amount of Each Disbursement this Period

304.75

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. LEGISTORM**

Mailing Address 6902 PINE ST

City  
OMAHAState  
NEZip Code  
68106Purpose of Disbursement  
SUBSCRIPTION

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
12			10			2020			

FEC Identification Number

**C****Transaction ID : SB21B.I1846'**

Amount of Each Disbursement this Period

341.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEXIS-NEXIS**

Mailing Address 9393 SPRINGBORO PIKE

City  
MIAMISBURGState  
OHZip Code  
45342Purpose of Disbursement  
SUBSCRIPTION

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
12			10			2020			

FEC Identification Number

**C****Transaction ID : SB21B.I18462**

Amount of Each Disbursement this Period

1135.63

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MICROSOFT**

Mailing Address 8TH FLOOR

City  
DALLASState  
TXZip Code  
75202Purpose of Disbursement  
SOFTWARE

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
12			10			2020			

FEC Identification Number

**C****Transaction ID : SB21B.I1846**

Amount of Each Disbursement this Period

1.32

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. THE SALT LINE**

Mailing Address 79 POTOMAC AVE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1846**

Amount of Each Disbursement this Period

751.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address TWO VERIZON PLACE

City  
ALPHARETTAState  
GAZip Code  
30004Purpose of Disbursement  
CELL PHONES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1846**

Amount of Each Disbursement this Period

124.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAVALRY LLC**

Mailing Address 1634 EYE STREET NW, STE 800

City  
WASHINGTONState  
DCZip Code  
20006Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1814**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7	5	0	0	.	0	0							
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2020					

FEC Identification Number

C 

Transaction ID : SB21B.I1814

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DRIVER EIGHT MEDIA LLC**

Mailing Address 1875 CONNECTICUT AVE NW, 10TH FLOOR

City  
WASHINGTONState  
DCZip Code  
20009Purpose of Disbursement  
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2020					

FEC Identification Number

C 

Transaction ID : SB21B.I18164

Amount of Each Disbursement this Period

 1250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2020					

FEC Identification Number

C 

Transaction ID : SB21B.I1819

Amount of Each Disbursement this Period

 14.40☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

 1289.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1819I**

Amount of Each Disbursement this Period

19.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOCKO STRATEGIES, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2020

Mailing Address 4323 CATHEDRAL AVE. NW

City  
WASHINGTONState  
DCZip Code  
20016Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1823I**

Amount of Each Disbursement this Period

4950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1824**

Amount of Each Disbursement this Period

1100.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6069.38

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. THE TARRANCE GROUP INC**

Mailing Address 201 N UNION ST, STE 410

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLLING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2020					

FEC Identification Number

**C****Transaction ID : SB21B.I18251**

Amount of Each Disbursement this Period

61651.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2020					

FEC Identification Number

**C****Transaction ID : SB21B.I18264**

Amount of Each Disbursement this Period

6.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2020					

FEC Identification Number

**C****Transaction ID : SB21B.I1826**

Amount of Each Disbursement this Period

38.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61695.60



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				11				20	20				

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB21B.I1819**

Amount of Each Disbursement this Period

 190.80☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				11				20	20				

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB21B.I1826**

Amount of Each Disbursement this Period

 21.34☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				12				20	20				

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** **Transaction ID : SB21B.I1820**

Amount of Each Disbursement this Period

 7.11☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 219.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 170 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1826**

Amount of Each Disbursement this Period

19.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I18201**

Amount of Each Disbursement this Period

52.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONNECTION STRATEGY, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2020

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
TEXT MESSAGING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1815**

Amount of Each Disbursement this Period

68298.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

68369.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
PHONE CALLS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	4	5		2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1815!**

Amount of Each Disbursement this Period

28071.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	4	5		2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I18202**

Amount of Each Disbursement this Period

9.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		1	4	5		2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1820**

Amount of Each Disbursement this Period

90.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28172.03

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 172 OF 283

<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)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1824I**

Amount of Each Disbursement this Period

875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1824I**

Amount of Each Disbursement this Period

550.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1820I**

Amount of Each Disbursement this Period

21.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1446.45

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 173 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
12			15			2020					

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

**Transaction ID : SB21B.I1820!**

Amount of Each Disbursement this Period

787.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNECTION STRATEGY, LLC**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
12			16			2020					

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
PHONE CALLS

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

**Transaction ID : SB21B.I1815c**

Amount of Each Disbursement this Period

23733.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONNECTION STRATEGY, LLC**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
12			16			2020					

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
TEXT MESSAGING

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

**Transaction ID : SB21B.I1815**

Amount of Each Disbursement this Period

62931.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

87452.15

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 174 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1820I**

Amount of Each Disbursement this Period

140.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1820I**

Amount of Each Disbursement this Period

6.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1824**

Amount of Each Disbursement this Period

8.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

156.40

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 175 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1826I**

Amount of Each Disbursement this Period

3.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BEYERSDORFER, ANNE, , ,**

Mailing Address 2315 CHAIN BRIDGE ROAD NW

City  
WASHINGTONState  
DCZip Code  
20016Purpose of Disbursement  
CONSULTING, MEDIA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1814C**

Amount of Each Disbursement this Period

5940.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN VIEWPOINT, INC.**

Mailing Address 1199 N FAIRFAX STREET, STE 808

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLLING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1813**

Amount of Each Disbursement this Period

180500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186443.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2020			

FEC Identification Number

C

Transaction ID : SB21B.I1814I

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CSTRAIGHT MEDIA**

Mailing Address 1897 PRESTON WHITE DR, STE 310

City  
RESTONState  
VAZip Code  
20191Purpose of Disbursement  
WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2020			

FEC Identification Number

C

Transaction ID : SB21B.I1816I

Amount of Each Disbursement this Period

1447.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DOGWOOD CONSULTING GROUP, LLC**

Mailing Address 3759 BENTON STREET NW

City  
WASHINGTONState  
DCZip Code  
20007Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2020			

FEC Identification Number

C

Transaction ID : SB21B.I1816I

Amount of Each Disbursement this Period

185000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

186472.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1820**

Amount of Each Disbursement this Period

313.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1820**

Amount of Each Disbursement this Period

3.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE TARRANCE GROUP INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2020

Mailing Address 201 N UNION ST, STE 410

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLLING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1825**

Amount of Each Disbursement this Period

95000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

95317.28

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 178 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I18211**

Amount of Each Disbursement this Period

47.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I18211**

Amount of Each Disbursement this Period

181.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB21B.I1824**

Amount of Each Disbursement this Period

11.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

240.35

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C** [Transaction ID : SB21B.I1821]

Amount of Each Disbursement this Period

0.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C** [Transaction ID : SB21B.I1821]

Amount of Each Disbursement this Period

30.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C** [Transaction ID : SB21B.I1826]

Amount of Each Disbursement this Period

1.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32.43

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 180 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				21				2020					

FEC Identification Number

C

Transaction ID : SB21B.I1814

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNECTION STRATEGY, LLC**

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
TEXT MESSAGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				21				2020					

FEC Identification Number

C

Transaction ID : SB21B.I1815

Amount of Each Disbursement this Period

41234.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				21				2020					

FEC Identification Number

C

Transaction ID : SB21B.I1821

Amount of Each Disbursement this Period

8.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41267.73

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				21				20					

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C** **Transaction ID : SB21B.I1821!**

Amount of Each Disbursement this Period

 36.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE INDIE GROUP NC, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				21				20					

Mailing Address 303 MULBERRY STREET

City  
RALEIGHState  
NCZip Code  
27604Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C** **Transaction ID : SB21B.I1825!**

Amount of Each Disbursement this Period

 5000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				21				20					

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                          ☐ Senate  
                          ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                  District:

FEC Identification Number

**C** **Transaction ID : SB21B.I1827**

Amount of Each Disbursement this Period

 2.20☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 5038.20**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I18151**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I18151**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLTZMAN VOGEL JOSEFIK TORCHINSKY PLLC**

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.I1816**

Amount of Each Disbursement this Period

35000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35050.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 183 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I18211

Amount of Each Disbursement this Period

110.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I18217

Amount of Each Disbursement this Period

1.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1825

Amount of Each Disbursement this Period

17500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17612.41

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 184 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. FREEDOM STRATEGIC AFFAIRS, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2020

Mailing Address P.O. BOX 151

City  
PERRYState  
GAZip Code  
31069Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1816!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1821!**

Amount of Each Disbursement this Period

34.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1821**

Amount of Each Disbursement this Period

1.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5035.95



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 185 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1825'**

Amount of Each Disbursement this Period

17500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1822C**

Amount of Each Disbursement this Period

271.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1822**

Amount of Each Disbursement this Period

1.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17773.60
----------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		25		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

0.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

23.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

0.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25.32

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 187 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN VIEWPOINT, INC.**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
12			28			2020					

Mailing Address 1199 N FAIRFAX STREET, STE 808

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
POLLING

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1813

Amount of Each Disbursement this Period

80500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNECTION STRATEGY, LLC**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
12			28			2020					

Mailing Address P.O. BOX 1636

City  
DRIPPING SPRINGSState  
TXZip Code  
78620Purpose of Disbursement  
TEXT MESSAGING

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1815

Amount of Each Disbursement this Period

26979.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	2	3	4	5	6	7	8	9	0	1	2
12			28			2020					

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

1.80

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

107481.36

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I18221

Amount of Each Disbursement this Period

0.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2020

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I18252

Amount of Each Disbursement this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2020

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.I1815

Amount of Each Disbursement this Period

25.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

130.95

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 189 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Leadership Fund

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				29				20	20				

FEC Identification Number

C

Transaction ID : SB21B.I1815

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				29				20	20				

FEC Identification Number

C

Transaction ID : SB21B.I18227

Amount of Each Disbursement this Period

5.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				29				20	20				

FEC Identification Number

C

Transaction ID : SB21B.I1822

Amount of Each Disbursement this Period

5.53

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.93

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2020

FEC Identification Number

**C** **Transaction ID : SB21B.I1825**

Amount of Each Disbursement this Period

 55.30☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2020

FEC Identification Number

**C** **Transaction ID : SB21B.I18254**

Amount of Each Disbursement this Period

 875.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE INC**

Mailing Address 3180 18TH ST

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2020

FEC Identification Number

**C** **Transaction ID : SB21B.I1825**

Amount of Each Disbursement this Period

 1750.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 2680.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 191 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1827'**

Amount of Each Disbursement this Period

0.15
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2020

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1822s**

Amount of Each Disbursement this Period

3.96
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTEGRATED CAMPAIGN SOLUTIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2020

Mailing Address 526 DAROCO AVE

City  
CORAL GABLESState  
FLZip Code  
33146Purpose of Disbursement  
DONOR DEVELOPMENT

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1816**

Amount of Each Disbursement this Period

1227.32
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1231.43
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 192 OF 283

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ONE NATION**

Mailing Address 15405 JOHN MARSHALL HWY

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
RENT, SALARIES, AND CONSULTANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1817'**

Amount of Each Disbursement this Period

1511363.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1823C**

Amount of Each Disbursement this Period

322.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. REVV**

Mailing Address 1776 WILSON BLVD., SUITE 530

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2020

FEC Identification Number

**C****Transaction ID : SB21B.I1823**

Amount of Each Disbursement this Period

1.87

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1511687.81

- 2472117.34



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 193 OF 283

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City  
WASHINGTONState  
DCZip Code  
20043Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	4		2	0	2	0		

FEC Identification Number

**C** C00487363**Transaction ID : SB23.I18471**

Amount of Each Disbursement this Period

6000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEFENDARIZONA**Mailing Address 6635 W. HAPPY VALLEY RD, STE A104,  
STE. A104, #198City  
GLENDALEState  
AZZip Code  
85310Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	2		2	0	2	0		

FEC Identification Number

**C** C00668301**Transaction ID : SB23.I18476**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City  
WASHINGTONState  
DCZip Code  
20043Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		0	3		2	0	2	0		

FEC Identification Number

**C** C00487363**Transaction ID : SB23.I18472**

Amount of Each Disbursement this Period

6000000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12007500.00

# **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)

PAGE 194 OF 283

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

## **A. PEACHTREE PAC**

Mailing Address 6350 LAKE OCONEE PKWY  
STE 110-1027

City  
GREENSBORO

State  
GA

Zip Code  
30642

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2020

FEC Identification Number

C C00762377

**Transaction ID : SB23.I18477**

Amount of Each Disbursement this Period

8000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City  
WASHINGTON

State  
DC

Zip Code  
20043

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2020

FEC Identification Number

C C00487363

**Transaction ID : SB23.I18473**

Amount of Each Disbursement this Period

7000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PEACHTREE PAC**

Mailing Address 6350 LAKE OCONEE PKWY  
STE 110-1027

City  
GREENSBORO

State  
GA

Zip Code  
30642

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2020

FEC Identification Number

C C00762377

**Transaction ID : SB23.I18478**

Amount of Each Disbursement this Period

8000000.00

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

23000000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 OF 283

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City  
WASHINGTONState  
DCZip Code  
20043Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2020

FEC Identification Number

**C** C00487363**Transaction ID : SB23.I18474**

Amount of Each Disbursement this Period

8000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PEACHTREE PAC**Mailing Address 6350 LAKE OCONEE PKWY  
STE 110-1027City  
GREENSBOROState  
GAZip Code  
30642Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2020

FEC Identification Number

**C** C00762377**Transaction ID : SB23.I18479**

Amount of Each Disbursement this Period

10000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PEACHTREE PAC**Mailing Address 6350 LAKE OCONEE PKWY  
STE 110-1027City  
GREENSBOROState  
GAZip Code  
30642Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2020

FEC Identification Number

**C** C00762377**Transaction ID : SB23.I18480**

Amount of Each Disbursement this Period

9600000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

27600000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 196 OF 283

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Senate Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICAN CROSSROADS**

Mailing Address P.O. BOX 34413

City  
WASHINGTONState  
DCZip Code  
20043Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2020

FEC Identification Number

**C** C00487363**Transaction ID : SB23.I18475**

Amount of Each Disbursement this Period

8000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PEACHTREE PAC**Mailing Address 6350 LAKE OCONEE PKWY  
STE 110-1027City  
GREENSBOROState  
GAZip Code  
30642Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2020

FEC Identification Number

**C** C00762377**Transaction ID : SB23.I18481**

Amount of Each Disbursement this Period

2400000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10400000.00

**TOTAL** This Period (last page this line number only).....▶

73007500.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 197 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 09 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">60989.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18293</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/09/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 09 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 09 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">15250.50</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18294</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/09/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 09 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">76239.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 01 / 31 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 198 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
--	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 09 / 2020</span> </div>	
Mailing Address <b>1260 STRINGHAVE AVE #350</b>				
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>60989.00</span> </div>	
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/09/2020</b>			Transaction ID : <b>SE24.18384</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 09 / 2020</span> </div>	
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b>			<div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Support</span> <span>Office Sought: <input type="checkbox"/> House District: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Oppose</span> <span><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b></span> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>2581182.17</span> </div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 10px;">Special Runoff</span>				

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 09 / 2020</span> </div>	
Mailing Address <b>1260 STRINGHAVE AVE #350</b>				
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>15250.50</span> </div>	
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/09/2020</b>			Transaction ID : <b>SE24.18385</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 09 / 2020</span> </div>	
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b>			<div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Support</span> <span>Office Sought: <input type="checkbox"/> House District: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Oppose</span> <span><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b></span> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>2581182.17</span> </div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 10px;">Special Runoff</span>				

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	76239.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 01 / 31 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 199 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">22158.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18386</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/10/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">31078.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18387</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/10/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">53236.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 200 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">50526.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/10/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18388</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">2581182.17</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">22158.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/10/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18296</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">49085284.57</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">72684.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 201 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 10 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount 31078.50		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : SE24.18297		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/10/2020		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought 49085284.57			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 10 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount 50526.00		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : SE24.18298		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/10/2020		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2020		
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought 49085284.57			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			81604.50		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature		[Electronically Filed]		Date 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA LLC</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 1260 STRINGHAVE AVE #350	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
City SALT LAKE CITY State UT Zip Code 84106	Transaction ID : <b>SE24.18302</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: OSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 49085284.57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA LLC</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 1260 STRINGHAVE AVE #350	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
City SALT LAKE CITY State UT Zip Code 84106	Transaction ID : <b>SE24.18303</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 49085284.57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 203 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
City SALT LAKE CITY	State UT	Zip Code 84106	Amount <span style="border: 1px solid black; padding: 2px;">15250.50</span>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18304</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
City SALT LAKE CITY	State UT	Zip Code 84106	Amount <span style="border: 1px solid black; padding: 2px;">22158.00</span>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18305</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">37408.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">50526.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18306</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">60989.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18389</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">111515.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 205 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26454.00</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18390</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">31078.50</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18391</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>LOEFFLER, KELLY, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">57532.50</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; height: 20px;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; 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.					
Signature <b>CROSBY, CALEB, ,</b>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">15250.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18392</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">26454.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18393</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 11 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">41704.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
City SALT LAKE CITY	State UT	Zip Code 84106	Amount <span style="border: 1px solid black; padding: 2px;">22158.00</span>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18394</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
City SALT LAKE CITY	State UT	Zip Code 84106	Amount <span style="border: 1px solid black; padding: 2px;">50526.00</span>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/11/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18395</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">72684.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 14 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">60989.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18396</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 14 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 14 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">26454.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18397</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 14 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">87443.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 14 / 2020</span> </div>	
Mailing Address <b>1260 STRINGHAVE AVE #350</b>				
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span>22158.00</span> </div>	
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020</b>			Category/Type <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b>			<div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Support</span> <span>Office Sought: <input type="checkbox"/> House District: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Oppose</span> <span><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b></span> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span>2581182.17</span> </div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020			<input checked="" type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; padding: 0 20px;">Special Runoff</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 14 / 2020</span> </div>	
Mailing Address <b>1260 STRINGHAVE AVE #350</b>				
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span>40334.00</span> </div>	
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020</b>			Category/Type <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, , ,</b>			<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Support</span> <span>Office Sought: <input type="checkbox"/> House District: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Oppose</span> <span><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b></span> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span>2581182.17</span> </div>	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020			<input checked="" type="checkbox"/> Other (specify) <span style="border-bottom: 1px solid black; padding: 0 20px;">Special Runoff</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span>62492.00</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span> </span> </div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span> </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  
 01 / 31 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">51526.00</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18400</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15127.50</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18401</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">66653.50</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; height: 20px;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; 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.					
Signature <b>CROSBY, CALEB, ,</b>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">60989.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18308</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">22158.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18309</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">83147.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">40334.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18310</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">51526.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18311</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">91860.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">15127.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18312</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 14 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/14/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">78658.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18322</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">93785.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">34456.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18323</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">49085284.57</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">43176.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18324</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">49085284.57</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">77632.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">32643.25</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">32643.25</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... <span style="border: 1px solid black; padding: 2px;">65286.50</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) 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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">23570.50</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18327</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">78658.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18402</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">102228.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">34456.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18403</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">26454.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18404</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 16 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">60910.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>		
City SALT LAKE CITY		State UT	Zip Code 84106		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type <input type="text"/>		
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>		
Amount 43176.50			Transaction ID : SE24.18405		
Date of Disbursement or Obligation			<div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____		
President <input type="checkbox"/> State: GA			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
2020 <input checked="" type="checkbox"/> Other (specify) ▶			Special Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>		
City SALT LAKE CITY		State UT	Zip Code 84106		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type <input type="text"/>		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>		
Amount 32643.25			Transaction ID : SE24.18406		
Date of Disbursement or Obligation			<div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/></div> <div><input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/></div> <div><input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____		
President <input type="checkbox"/> State: GA			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
2020 <input checked="" type="checkbox"/> Other (specify) ▶			Special Runoff		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">75819.75</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			Date <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>16</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>16</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>		
City SALT LAKE CITY		State UT	Zip Code 84106	Amount 32643.25	
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type	Transaction ID : <b>SE24.18407</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>16</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>	
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA	
Calendar Year-To-Date Per Election for Office Sought			2581182.17	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>16</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>		
City SALT LAKE CITY		State UT	Zip Code 84106	Amount 23570.50	
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/16/2020			Category/Type	Transaction ID : <b>SE24.18408</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>16</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>	
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA	
Calendar Year-To-Date Per Election for Office Sought			2581182.17	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures .....			56213.75		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			[Electronically Filed]	Date <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>01</div></div> <div><div>D D D</div><div>31</div></div> <div><div>Y Y Y Y Y Y</div><div>2021</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">39773.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18411</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">49770.50</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18412</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">89543.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">155551.50</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18413</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34079.50</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18414</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">189631.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<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.					
Signature <b>CROSBY, CALEB, , ,</b>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA LLC</b> Mailing Address 1260 STRINGHAVE AVE #350 City SALT LAKE CITY    State UT    Zip Code 84106 Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020    Category/Type <span style="border: 1px solid black; padding: 0 20px;"> </span>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020 Amount <div style="border: 1px solid black; padding: 2px;">47997.00</div> <b>Transaction ID : SE24.18415</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose WARNOCK, RAPHAEL, , ,	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: GA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 50px;"> </span> 2581182.17	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA LLC</b> Mailing Address 1260 STRINGHAVE AVE #350 City SALT LAKE CITY    State UT    Zip Code 84106 Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020    Category/Type <span style="border: 1px solid black; padding: 0 20px;"> </span>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020 Amount <div style="border: 1px solid black; padding: 2px;">49770.50</div> <b>Transaction ID : SE24.18331</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose OSSOFF, JONATHAN, , ,	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: GA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 50px;"> </span> 49085284.57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 0 50px;"> </span> 97767.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 0 50px;"> </span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 0 50px;"> </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  
 01 / 31 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">155551.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18332</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">34079.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18333</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">189631.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">47997.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18334</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/18/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">49085284.57</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">110251.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18337</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">49085284.57</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">158248.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">13613.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18338</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">42536.50</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18339</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">56149.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">27003.50</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18340</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">45856.50</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18341</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 21 / 2020
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">72860.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">110251.00</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18420</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13613.00</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18421</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020</b>		Category/Type <div style="border: 1px solid black; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">123864.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<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.					
Signature <b>CROSBY, CALEB, ,</b>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1260 STRINGHAVE AVE #350					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>SALT LAKE CITY</b>		State <b>UT</b>	Zip Code <b>84106</b>		Amount <b>42536.50</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type		<b>Transaction ID : SE24.18422</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought			<b>2581182.17</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Runoff</b>
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1260 STRINGHAVE AVE #350					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City <b>SALT LAKE CITY</b>		State <b>UT</b>	Zip Code <b>84106</b>		Amount <b>27003.50</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020			Category/Type		<b>Transaction ID : SE24.18423</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought			<b>2581182.17</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special Runoff</b>
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>					<b>69540.00</b>
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>					
<b>(c) TOTAL Independent Expenditures .....</b>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>CROSBY, CALEB, ,</b>			Date <b>01 / 31 / 2021</b>		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">45856.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18424</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">35735.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18425</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/21/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">81591.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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.					
Signature  CROSBY, CALEB, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">44822.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18349</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">49085284.57</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">172662.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18350</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">49085284.57</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">217484.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 231 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
City SALT LAKE CITY	State UT	Zip Code 84106	Amount <span style="border: 1px solid black; padding: 2px;">13888.50</span>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18351</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
City SALT LAKE CITY	State UT	Zip Code 84106	Amount <span style="border: 1px solid black; padding: 2px;">36398.50</span>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18352</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">50287.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount 63159.00
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020			Category/Type <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>		Transaction ID : <b>SE24.18353</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: <u>GA</u>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount 44822.00
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020			Category/Type <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>		Transaction ID : <b>SE24.18427</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: <u>GA</u>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....					107981.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  CROSBY, CALEB, , ,			Date <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
			[Electronically Filed]		



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 233 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>ARENA LLC</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">172662.00</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>		Zip Code <b>84106</b>	
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General	District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶		Special Runoff		

Full Name of Payee <b>ARENA LLC</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13888.50</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>		Zip Code <b>84106</b>	
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General	District: _____ State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2581182.17</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶		Special Runoff		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	186550.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

01

31

2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 234 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">42917.00</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18430</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">36398.50</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18431</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">79315.50</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">63159.00</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18432</b>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/22/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">90829.50</span>		
City SALT LAKE CITY	State UT	Zip Code 84106	Transaction ID : <b>SE24.18437</b>		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2020		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">153988.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA LLC</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>
Mailing Address <b>1260 STRINGHAVE AVE #350</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">167036.50</div>
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84106</b>	<b>Transaction ID : SE24.18438</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>WARNOCK, RAPHAEL, ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 50px;"></div> State: <b>GA</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2581182.17</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 10px;">Special Runoff</span>

Full Name of Payee <input type="checkbox"/> Memo Item <b>ARENA LLC</b>	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>
Mailing Address <b>1260 STRINGHAVE AVE #350</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">66028.00</div>
City <b>SALT LAKE CITY</b> State <b>UT</b> Zip Code <b>84106</b>	<b>Transaction ID : SE24.18439</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>WARNOCK, RAPHAEL, ,</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 50px;"></div> State: <b>GA</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2581182.17</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 10px;">Special Runoff</span>

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">233064.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 237 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 28 / 2020</span> </div>	
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>23097.50</span> </div>	
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.18440</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 28 / 2020</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> <b>WARNOCK, RAPHAEL, ,</b> <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <span style="float: right;"><input type="checkbox"/> House</span> District: <span style="border-bottom: 1px solid black; width: 50px;"></span> <span style="float: right;"><input type="checkbox"/> President</span> <span style="float: right;"><input checked="" type="checkbox"/> Senate</span> State: <span style="border-bottom: 1px solid black; width: 50px;">GA</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>2581182.17</span> </span>			Disbursement For: <span style="float: right;"><input type="checkbox"/> Primary</span> <span style="float: right;"><input type="checkbox"/> General</span> 2020 <span style="float: right;"><input checked="" type="checkbox"/> Other (specify) ▶</span> <span style="float: right;">Special Runoff</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 28 / 2020</span> </div>	
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>74488.88</span> </div>	
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.18441</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 28 / 2020</span> </div>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> <b>WARNOCK, RAPHAEL, ,</b> <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>			Office Sought: <span style="float: right;"><input type="checkbox"/> House</span> District: <span style="border-bottom: 1px solid black; width: 50px;"></span> <span style="float: right;"><input type="checkbox"/> President</span> <span style="float: right;"><input checked="" type="checkbox"/> Senate</span> State: <span style="border-bottom: 1px solid black; width: 50px;">GA</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>2581182.17</span> </span>			Disbursement For: <span style="float: right;"><input type="checkbox"/> Primary</span> <span style="float: right;"><input type="checkbox"/> General</span> 2020 <span style="float: right;"><input checked="" type="checkbox"/> Other (specify) ▶</span> <span style="float: right;">Special Runoff</span>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<span></span> <span>97586.38</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<span></span> <span></span>
(c) TOTAL Independent Expenditures .....	▶	<span></span> <span></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

 MM / DD / YYYY  
 01 / 31 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 238 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">56310.00</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18442</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020</b>		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>		
Full Name of Payee <b>ARENA LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>1260 STRINGHAVE AVE #350</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90829.50</div>		
City <b>SALT LAKE CITY</b>	State <b>UT</b>	Zip Code <b>84106</b>	<b>Transaction ID : SE24.18363</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure <b>POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020</b>		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">147139.50</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>CROSBY, CALEB, ,</b>		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 239 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 28 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">167036.50</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18364</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 28 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 28 / 2020		
Mailing Address 1260 STRINGHAVE AVE #350			Amount <span style="border: 1px solid black; padding: 2px;">66028.00</span>		
City SALT LAKE CITY		State UT	Zip Code 84106		Transaction ID : <b>SE24.18365</b>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 28 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">233064.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 240 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">23097.50</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18366</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>ARENA LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1260 STRINGHAVE AVE #350			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2020		
City SALT LAKE CITY		State UT	Zip Code 84106		Amount <span style="border: 1px solid black; padding: 2px;">74488.89</span>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - FILED ON 12/28/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.18367</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 28 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">97586.39</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">2100.06</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18307</b>		
Purpose of Expenditure PHONE CALLS - FILED ON 12/11/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">6349.28</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18299</b>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/10/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">8449.34</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">1907.24</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18328</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/16/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;"> </div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">5848.20</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18320</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TEXT MESSAGING - FILED ON 12/15/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;"> </div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	7755.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Amount <span style="border: 1px solid black; padding: 2px;">55698.40</span>		
Purpose of Expenditure PHONE CALLS - FILED ON 12/17/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18330</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 18 / 2020		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Amount <span style="border: 1px solid black; padding: 2px;">25267.46</span>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/18/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18416</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">80965.86</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 244 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020		
City DRIPPING SPRINGS		State TX	Zip Code 78620		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/18/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		Amount <span style="border: 1px solid black; padding: 2px;"></span> 25267.45	
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span> 2581182.17			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 19 / 2020		
City DRIPPING SPRINGS		State TX	Zip Code 78620		
Purpose of Expenditure PHONE CALLS - FILED ON 12/19/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		Amount <span style="border: 1px solid black; padding: 2px;"></span> 4128.89	
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span> 2581182.17			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span> 29396.34		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 19 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">4128.89</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18419</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 17 / 2020		
Purpose of Expenditure PHONE CALLS - FILED ON 12/19/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 17 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">4999.74</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18409</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 17 / 2020		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/17/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">9128.63</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4999.74</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18410</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TEXT MESSAGING - FILED ON 12/17/2020</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>WARNOCK, RAPHAEL, ,</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2581182.17</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5127.83</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18336</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TEXT MESSAGING - FILED ON 12/19/2020</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, ,</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	10127.57
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		
City DRIPPING SPRINGS		State TX	Zip Code 78620		
Purpose of Expenditure PHONE CALLS - FILED ON 12/21/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 55419.20	
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;"> </span> 2581182.17 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 21 / 2020		
City DRIPPING SPRINGS		State TX	Zip Code 78620		
Purpose of Expenditure PHONE CALLS - FILED ON 12/21/2020		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 55419.20	
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;"> </span> 49085284.57 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span> 110838.40					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span>					
<b>(c) 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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3422.64</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18354</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/22/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: <b>PERDUE, DAVID, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4397.55</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18355</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TEXT MESSAGING - FILED ON 12/22/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	7820.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 249 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Amount <span style="border: 1px solid black; padding: 2px;">15589.60</span>		
Purpose of Expenditure PHONE CALLS - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.18356</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Amount <span style="border: 1px solid black; padding: 2px;">8331.17</span>		
Purpose of Expenditure PHONE CALLS - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.18357</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">23920.77</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 23 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">49437.60</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18359</b>		
Purpose of Expenditure PHONE CALLS - FILED ON 12/23/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 23 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">18328.31</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18360</b>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/23/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">67765.91</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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.					
Signature  CROSBY, CALEB, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">4316.82</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18361</b>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/26/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: PERDUE, DAVID, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <span style="border: 1px solid black; padding: 2px;"> </span> State: <span style="border: 1px solid black; padding: 2px;">GA</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;">Runoff</span>		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">4259.25</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18362</b>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/26/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <span style="border: 1px solid black; padding: 2px;"> </span> State: <span style="border: 1px solid black; padding: 2px;">GA</span>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;">Runoff</span>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">8576.07</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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.					
Signature  CROSBY, CALEB, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">3422.63</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18433</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Purpose of Expenditure PHONE CALLS - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">8331.16</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18434</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Purpose of Expenditure PHONE CALLS - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">11753.79</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 23 / 2020		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Amount <span style="border: 1px solid black; padding: 2px;">18328.31</span>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/23/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18435</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 26 / 2020		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Amount <span style="border: 1px solid black; padding: 2px;">4316.81</span>		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/26/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18436</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Name of Federal Candidate: LOEFFLER, KELLY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2581182.17</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Special Runoff</u>		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">22645.12</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 254 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M M

D D D

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>				
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40386.80</div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/28/2020</b>			Transaction ID : <b>SE24.18443</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special Runoff</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2581182.17</div>				

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>				
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40386.80</div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/28/2020</b>			Transaction ID : <b>SE24.18368</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: <b>PERDUE, DAVID, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>				

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	80773.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 255 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3495.23</div>		
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18376</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>TEXT MESSAGING - FILED ON 12/29/2020</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <b>GA</b> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2042.28</div>		
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18377</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/29/2020</b>		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <b>GA</b> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">5537.51</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<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.					
Signature <b>CROSBY, CALEB, , ,</b>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
<div style="border: 1px solid black; padding: 2px; text-align: center;">01</div>		<div style="border: 1px solid black; padding: 2px; text-align: center;">31</div>		<div style="border: 1px solid black; padding: 2px; text-align: center;">2021</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 256 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           6397.30         </div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18378</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/29/2020</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>PERDUE, DAVID, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> General State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">           2691.77         </div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18379</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/29/2020</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>PERDUE, DAVID, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> General State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	9089.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 257 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">44528.00</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18380</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/30/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;"> </div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="margin-left: 20px;">Runoff</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">15345.22</div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18381</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TEXT MESSAGING - FILED ON 12/30/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;"> </div>	
Name of Federal Candidate: <b>PERDUE, DAVID, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="margin-left: 20px;">Runoff</span>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	59873.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           6397.29         </div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18444</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/29/2020</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           2581182.17         </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 10px;">Special Runoff</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>CONNECTION STRATEGY, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>P.O. BOX 1636</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           2691.77         </div>	
City <b>DRIPPING SPRINGS</b>	State <b>TX</b>	Zip Code <b>78620</b>	<b>Transaction ID : SE24.18445</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>PHONE CALLS - FILED ON 12/29/2020</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>LOEFFLER, KELLY, , ,</b>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           2581182.17         </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 10px;">Special Runoff</span>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">           9089.06         </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 30 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">15345.23</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18446</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 29 / 2020		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/30/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 30 / 2020		
Mailing Address P.O. BOX 1636			Amount <span style="border: 1px solid black; padding: 2px;">2844.42</span>		
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : <b>SE24.18447</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 30 / 2020		
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/30/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: LOEFFLER, KELLY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2581182.17</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">18189.65</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>30</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>	
Full Name of Payee <b>CONNECTION STRATEGY, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address P.O. BOX 1636			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>30</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>		
City DRIPPING SPRINGS		State TX	Zip Code 78620	Amount 2844.41	
Purpose of Expenditure TEXT MESSAGING - FILED ON 12/30/2020			Category/ Type	Transaction ID : <b>SE24.18382</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>12</div></div> <div><div>D D D</div><div>30</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>	
Name of Federal Candidate: PERDUE, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought			49085284.57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
Full Name of Payee <b>DMM MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>11</div></div> <div><div>D D D</div><div>24</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>		
City ARLINGTON		State VA	Zip Code 22209	Amount 12721.17	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 11/24/2020			Category/ Type	Transaction ID : <b>SE24.18276</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>11</div></div> <div><div>D D D</div><div>24</div></div> <div><div>Y Y Y Y Y Y</div><div>2020</div></div> </div>	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought			49085284.57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures .....			15565.58		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			[Electronically Filed]	Date <div style="display: flex; justify-content: space-between;"> <div><div>M M M</div><div>01</div></div> <div><div>D D D</div><div>31</div></div> <div><div>Y Y Y Y Y Y</div><div>2021</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2020		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Amount <span style="border: 1px solid black; padding: 2px;">2719.80</span>		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18277</b>		
Purpose of Expenditure RADIO PRODUCTION - FILED ON 11/24/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2020		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Amount <span style="border: 1px solid black; padding: 2px;">12862.94</span>		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18282</b>		
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/01/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">15582.74</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="margin-left: 20px;">MM / DD / YYYY</span> <span style="margin-left: 20px;">12 / 01 / 2020</span>		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Amount <span style="margin-left: 20px;">2692.08</span>		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18283</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">MM / DD / YYYY</span> <span style="margin-left: 20px;">12 / 01 / 2020</span>		
Purpose of Expenditure RADIO PRODUCTION - FILED ON 12/01/2020			Category/ Type <span style="margin-left: 20px;">MM / DD / YYYY</span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="margin-left: 20px;">MM / DD / YYYY</span> <span style="margin-left: 20px;">12 / 08 / 2020</span>		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Amount <span style="margin-left: 20px;">12979.30</span>		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18289</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">MM / DD / YYYY</span> <span style="margin-left: 20px;">12 / 08 / 2020</span>		
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/08/2020			Category/ Type <span style="margin-left: 20px;">MM / DD / YYYY</span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="margin-left: 20px;">15671.38</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature		[Electronically Filed]		Date <span style="margin-left: 20px;">MM / DD / YYYY</span> <span style="margin-left: 20px;">01 / 31 / 2021</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div> </div>	
Full Name of Payee <b>DMM MEDIA</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">08</div><div style="border: 1px solid black; padding: 2px;">2020</div></div> </div> </div>
City ARLINGTON		State VA	Zip Code 22209		Amount 2736.55
Purpose of Expenditure RADIO PRODUCTION - FILED ON 12/08/2020			Category/ Type		Transaction ID : SE24.18290 Date of Disbursement or Obligation
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought			49085284.57		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
Full Name of Payee <b>DMM MEDIA</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">11</div><div style="border: 1px solid black; padding: 2px;">2020</div></div> </div> </div>
City ARLINGTON		State VA	Zip Code 22209		Amount 525.00
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/11/2020			Category/ Type		Transaction ID : SE24.18301 Date of Disbursement or Obligation
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: GA
Calendar Year-To-Date Per Election for Office Sought			49085284.57		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
(a) SUBTOTAL of Itemized Independent Expenditures .....					3261.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures .....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			[Electronically Filed]		Date
					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">01</div><div style="border: 1px solid black; padding: 2px;">31</div><div style="border: 1px solid black; padding: 2px;">2021</div></div> </div> </div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020	
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400		Amount <span style="border: 1px solid black; padding: 2px;">13348.85</span>	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18316</b>
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/15/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020	
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400		Amount <span style="border: 1px solid black; padding: 2px;">2750.62</span>	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18317</b>
Purpose of Expenditure RADIO PRODUCTION - FILED ON 12/15/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;">16099.47</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Amount <span style="border: 1px solid black; padding: 2px;">909.51</span>		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18335</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 18 / 2020		
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/18/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>DMM MEDIA</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Amount <span style="border: 1px solid black; padding: 2px;">13700.67</span>		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : <b>SE24.18345</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">14610.18</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>DMM MEDIA</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 22 / 2020</span> </div>	
Mailing Address <b>1911 N. FORT MYER DRIVE, SUITE 400</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 10px;">2735.60</span> </div> <b>Transaction ID : SE24.18346</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 22 / 2020</span> </div>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22209</b>		
Purpose of Expenditure <b>RADIO PRODUCTION - FILED ON 12/22/2020</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;">Runoff</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>DMM MEDIA</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 29 / 2020</span> </div>	
Mailing Address <b>1911 N. FORT MYER DRIVE, SUITE 400</b>			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 10px;">13082.90</span> </div> <b>Transaction ID : SE24.18371</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>12 / 29 / 2020</span> </div>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22209</b>		
Purpose of Expenditure <b>TV/MEDIA PRODUCTION - FILED ON 12/29/2020</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;">Runoff</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	15818.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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

 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2021

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>	
Full Name of Payee <b>DMM MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>		
City ARLINGTON		State VA	Zip Code 22209	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2758.64</div>	
Purpose of Expenditure RADIO PRODUCTION - FILED ON 12/29/2020			Category/ Type <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	Transaction ID : <b>SE24.18372</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	
Full Name of Payee <b>DMM MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1911 N. FORT MYER DRIVE, SUITE 400			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>		
City ARLINGTON		State VA	Zip Code 20186	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">245.00</div>	
Purpose of Expenditure TV/MEDIA PRODUCTION - FILED ON 12/31/2020			Category/ Type <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	Transaction ID : <b>SE24.18383</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/></div> <div><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/></div> <div><input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/></div> </div>	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">3003.64</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
<p>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.</p>					
CROSBY, CALEB, , , Signature			Date <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text" value="YYYY"/>		

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>FP1 DIGITAL, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>3001 WASHINGTON BLVD., 7TH FLOOR</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">296643.60</div>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	<b>Transaction ID : SE24.18278</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 11/24/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="margin-left: 20px;">Runoff</span>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>FP1 DIGITAL, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>3001 WASHINGTON BLVD., 7TH FLOOR</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">296643.60</div>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	<b>Transaction ID : SE24.18284</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 12/01/2020</b>			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="margin-left: 20px;">Runoff</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	593287.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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

M M M /

D D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 269 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>FP1 DIGITAL, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3001 WASHINGTON BLVD., 7TH FLOOR			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City ARLINGTON		State VA		Zip Code 22201	
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 12/08/2020			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: GA		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">444764.93</div>			Transaction ID : SE24.18291		
Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">08</div><div style="border: 1px solid black; padding: 2px;">2020</div></div> </div>		
Full Name of Payee <b>FP1 DIGITAL, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3001 WASHINGTON BLVD., 7TH FLOOR			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City ARLINGTON		State VA		Zip Code 22201	
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 12/10/2020			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: GA		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">178571.43</div>			Transaction ID : SE24.18295		
Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">2020</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">623336.36</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 270 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>FP1 DIGITAL, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3001 WASHINGTON BLVD., 7TH FLOOR			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 12/15/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 695849.95	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 49085284.57			Office Sought: <input type="checkbox"/> House District: <span style="border: 1px solid black; padding: 2px;"> </span> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <span style="border: 1px solid black; padding: 2px;">GA</span>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;"> </span> Runoff			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
Full Name of Payee <b>FP1 DIGITAL, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3001 WASHINGTON BLVD., 7TH FLOOR			Amount <span style="border: 1px solid black; padding: 2px;"> </span> 50000.00		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 12/17/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 49085284.57			Office Sought: <input type="checkbox"/> House District: <span style="border: 1px solid black; padding: 2px;"> </span> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <span style="border: 1px solid black; padding: 2px;">GA</span>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;"> </span> Runoff			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span> 745849.95  <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span>  <b>(c) 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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 271 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>FP1 DIGITAL, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3001 WASHINGTON BLVD., 7TH FLOOR			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 12/22/2020			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: GA		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Amount 745767.45			Transaction ID : SE24.18347		
Date of Disbursement or Obligation			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
Full Name of Payee <b>FP1 DIGITAL, LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 3001 WASHINGTON BLVD., 7TH FLOOR			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
City ARLINGTON		State VA	Zip Code 22201		
Purpose of Expenditure ONLINE ADVERTISING - FILED ON 12/23/2020			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: GA		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			<input checked="" type="checkbox"/> Other (specify) ▶ _____		
Amount 680400.00			Transaction ID : SE24.18358		
Date of Disbursement or Obligation			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: right;">1426167.45</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: right;"></div> <div style="border: 1px solid black; padding: 5px; text-align: right;"></div> </div> </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.					
Signature  CROSBY, CALEB, , ,		[Electronically Filed]		Date	
				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div></div> <div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">01</div></div> <div><div style="border: 1px solid black; padding: 2px;">31</div></div> <div><div style="border: 1px solid black; padding: 2px;">2021</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 272 OF 283  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>FP1 DIGITAL, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>3001 WASHINGTON BLVD., 7TH FLOOR</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">745767.45</div>		
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	Transaction ID : <b>SE24.18373</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 12/29/2020</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>FP1 DIGITAL, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>3001 WASHINGTON BLVD., 7TH FLOOR</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">793000.00</div>		
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22201</b>	Transaction ID : <b>SE24.18374</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING - FILED ON 12/29/2020</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">1538767.45</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>210 W. PENNSYLVANIA AVE. SUITE 250</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4891326.74</div>	
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21204</b>	<b>Transaction ID : SE24.18274</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT - FILED ON 11/24/2020</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>MENTZER MEDIA SERVICES</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>210 W. PENNSYLVANIA AVE. SUITE 250</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">314770.91</div>	
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21204</b>	<b>Transaction ID : SE24.18275</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>RADIO PLACEMENT - FILED ON 11/24/2020</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: <b>OSSOFF, JONATHAN, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">49085284.57</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	5206097.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CROSBY, CALEB, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">4951088.73</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18280</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2020		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/01/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">314770.91</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18281</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2020		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 12/01/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5265859.64</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">34644.90</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18286</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2020		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/02/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 08 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">5250970.31</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18287</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2020		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/08/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5285615.21</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 08 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">324242.66</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18288</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2020		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 12/08/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 11 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">523411.50</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18300</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/11/2020			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">847654.16</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">5303329.70</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18313</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/15/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 15 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">324242.66</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18314</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 10 / 2020		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 12/15/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5627572.36</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571703       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address    210 W. PENNSYLVANIA AVE. SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">906520.00</div>		
City TOWSON	State MD	Zip Code 21204	<b>Transaction ID : SE24.18315</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/15/2020		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶    Runoff			2020		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address    210 W. PENNSYLVANIA AVE. SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">97935.30</div>		
City TOWSON	State MD	Zip Code 21204	<b>Transaction ID : SE24.18321</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/16/2020		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49085284.57</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶    Runoff			2020		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1004455.30</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			01    31    2021		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">6670545.24</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18343</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">49085284.57</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 22 / 2020		
Mailing Address 210 W. PENNSYLVANIA AVE. SUITE 250			Amount <span style="border: 1px solid black; padding: 2px;">324242.66</span>		
City TOWSON	State MD	Zip Code 21204	Transaction ID : <b>SE24.18344</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 17 / 2020		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate: OSSOFF, JONATHAN, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">49085284.57</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">6994787.90</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00571703</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address    210 W. PENNSYLVANIA AVE. SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6707201.35</div>		
City TOWSON	State MD	Zip Code 21204	<b>Transaction ID : SE24.18369</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure TV/MEDIA PLACEMENT - FILED ON 12/29/2020		Category/ Type	<div style="border: 1px solid black; height: 20px;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶    Runoff			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶    Runoff		
Full Name of Payee <b>MENTZER MEDIA SERVICES</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address    210 W. PENNSYLVANIA AVE. SUITE 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">324242.66</div>		
City TOWSON	State MD	Zip Code 21204	<b>Transaction ID : SE24.18370</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Purpose of Expenditure RADIO PLACEMENT - FILED ON 12/29/2020		Category/ Type	<div style="border: 1px solid black; height: 20px;"></div>		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">49085284.57</div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶    Runoff			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶    Runoff		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">7031444.01</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; height: 20px;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; 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.					
Signature CROSBY, CALEB, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>RICHARD SALES MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 6902 N HIGHLANDS DR.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 24 / 2020		
City PARADISE VALLEY	State AZ	Zip Code 85253	Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>		
Purpose of Expenditure WEB AD - FILED ON 11/24/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.18279</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 11 / 24 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>RICHARD SALES MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 6902 N HIGHLANDS DR.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 01 / 2020		
City PARADISE VALLEY	State AZ	Zip Code 85253	Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>		
Purpose of Expenditure WEB AD - FILED ON 12/01/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.18285</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 01 / 2020		
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">6000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>RICHARD SALES MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 6902 N HIGHLANDS DR.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 08 / 2020		
City PARADISE VALLEY		State AZ	Zip Code 85253	Amount <span style="border: 1px solid black; padding: 2px;">4500.00</span>	
Purpose of Expenditure WEB AD - FILED ON 12/08/2020			Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18292</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 08 / 2020	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee <b>RICHARD SALES MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 6902 N HIGHLANDS DR.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 15 / 2020		
City PARADISE VALLEY		State AZ	Zip Code 85253	Amount <span style="border: 1px solid black; padding: 2px;">3000.00</span>	
Purpose of Expenditure WEB AD - FILED ON 12/15/2020			Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.18319</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 15 / 2020	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49085284.57</span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">7500.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL 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, , , Signature			[Electronically Filed]	Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>	
Full Name of Payee <b>RICHARD SALES MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 6902 N HIGHLANDS DR.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 22 / 2020		
City PARADISE VALLEY		State AZ	Zip Code 85253		
Purpose of Expenditure WEB AD - FILED ON 12/22/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 3000.00	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 49085284.57			Office Sought: <input type="checkbox"/> House District: <span style="border: 1px solid black; padding: 2px;"> </span> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <span style="border: 1px solid black; padding: 2px;">GA</span>		
Full Name of Payee <b>RICHARD SALES MEDIA</b>			<input type="checkbox"/> Memo Item		
Mailing Address 6902 N HIGHLANDS DR.			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 12 / 29 / 2020		
City PARADISE VALLEY		State AZ	Zip Code 85253		
Purpose of Expenditure WEB AD - FILED ON 12/29/2020		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Amount <span style="border: 1px solid black; padding: 2px;"> </span> 3000.00	
Name of Federal Candidate: OSSOFF, JONATHAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 49085284.57			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;"> </span> Runoff		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span> 6000.00					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span>					
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span> 47320964.99					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CROSBY, CALEB, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 01 / 31 / 2021		

[Electronically Filed]