

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Congressional Leadership Fund

ADDRESS (number and street)

1747 Pennsylvania Avenue, NW

5th Floor

Check if different
than previously
reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00504530

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

D D / D D / Y Y Y Y Y Y

Y Y Y Y Y Y / Y Y Y Y Y Y

in the
State of

C

(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

D D / D D / Y Y Y Y Y Y

Y Y Y Y Y Y / Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2019

through

M M / D D / Y Y Y Y Y Y
06 30 2019

D D / D D / Y Y Y Y Y Y

Y Y Y Y Y Y / Y Y Y Y Y Y

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
07 31 2019

D D / D D / Y Y Y Y Y Y

Y Y Y Y Y Y / Y Y Y Y Y Y

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

Congressional Leadership Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019		590831.52
(b) Cash on Hand at Beginning of Reporting Period.....	590831.52	
(c) Total Receipts (from Line 19)	8351650.95	8351650.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8942482.47	8942482.47
7. Total Disbursements (from Line 31).....	1111445.99	1111445.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7831036.48	7831036.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1088998.70	



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

Congressional Leadership Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2019

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2019

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).....	7593700.00	7593700.00
(ii) Unitemized	457.50	457.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7594157.50	7594157.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	40000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7634157.50	7634157.50
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).....	717493.45	717493.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8351650.95	8351650.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8351650.95	8351650.95

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	833029.10	833029.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	833029.10	833029.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	128266.89	128266.89
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	150150.00	150150.00
(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)).....	150150.00	150150.00
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)) ..	1111445.99	1111445.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1111445.99	1111445.99

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)	7634157.50	7634157.50
34. Total Contribution Refunds (from Line 28(d))	150150.00	150150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7484007.50	7484007.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	833029.10	833029.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	717493.45	717493.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	115535.65	115535.65

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

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

FOR LINE NUMBER: PAGE 6 OF 59

(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)

Congressional Leadership Fund

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

A. US VETERANS ASSISTANCE FOUNDATION INC

Mailing Address 200 SOUTH EXECUTIVE DRIVE
 SUITE 101

City
 BROOKFIELD

State
 WI

Zip Code
 53005-4216

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 / D D / Y Y Y Y Y Y
 01 / 08 / 2019

Transaction ID : SA11A.4063

Amount of Each Receipt this Period

200000.00

☐ Memo Item
 CONTRIBUTION

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

B. MARCUS, BERNARD, , ,

Mailing Address 1266 WEST PACES FERRY ROAD
 SUITE 615

City
 ATLANTA

State
 GA

Zip Code
 30327-2306

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 THE MARCUS FOUNDATION

Occupation (for Individual)
 PHILANTHROPIST

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
 03 / 05 / 2019

Transaction ID : SA11A.4065

Amount of Each Receipt this Period

500000.00

☐ Memo Item
 CONTRIBUTION

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

C. CHOUEST, GARY, , ,

Mailing Address P.O. BOX 310

City
 GALLIANO

State
 LA

Zip Code
 70354-0310

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 EDISON CHOUEST OFFSHORE

Occupation (for Individual)
 OWNER

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
 03 / 26 / 2019

Transaction ID : SA11A.4070

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)..... ►

800000.00

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 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. SINGER, PAUL, E., ,

Mailing Address 40 W 57TH ST
30TH FLOOR

City
NEW YORK

State
NY

Zip Code
10019-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ELLIOTT MANAGEMENT CORP.

Occupation (for Individual)
PRINCIPAL

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
04 / 04 / 2019

Transaction ID : SA11A.4071

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
CONTRIBUTION

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

B. VALERO SERVICES INC.

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 ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2019

Transaction ID : SA11A.4079

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

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

C. GEO ACQUISITION II

Mailing Address 621 NW 53RD ST.
SUITE 700

City
BOCA RATON

State
FL

Zip Code
33487-8242

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
05 / 14 / 2019

Transaction ID : SA11A.4080

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)..... ►

1350000.00

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 8 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. ENTERTAINMENT SOFTWARE ASSOCIATION

Mailing Address 601 MASSACHUSETTS AVE. NW
 SUITE 300

City
 WASHINGTON

State
 DC

Zip Code
 20001-5369

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
 05 / 20 / 2019

Transaction ID : SA11A.4082

Amount of Each Receipt this Period

25000.00

☐ Memo Item
 CONTRIBUTION

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

B. CONTINENTAL RESOURCES

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 ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 23 / 2019

Transaction ID : SA11A.4083

Amount of Each Receipt this Period

50000.00

☐ Memo Item
 CONTRIBUTION

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

C. MOSKOWITZ, CHERNA, , ,

Mailing Address 21520 PIONEER BLVD
 SUITE 205

City
 HAWAIIAN GARDENS

State
 CA

Zip Code
 90716-2601

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF-EMPLOYED

Occupation (for Individual)
 PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 24 / 2019

Transaction ID : SA11A.4084

Amount of Each Receipt this Period

500200.00

☐ Memo Item
 CONTRIBUTION

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

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

575200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. ANTONIO, FRANKLIN, , ,

Mailing Address 2765 CORDOBA COVE

City
DEL MAR

State
CA

Zip Code
92014-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUALCOMM

Occupation (for Individual)
CHIEF SCIENTIST

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
05 / 29 / 2019

Transaction ID : SA11A.4085

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

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

B. DUCHOSSOIS, CRAIG, J., ,

Mailing Address 444 WEST LAKE ST.
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

Occupation (for Individual)
CHAIRMAN & CEO

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
06 / 06 / 2019

Transaction ID : SA11A.4086

Amount of Each Receipt this Period

250000.00

☐ Memo Item
CONTRIBUTION

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

C. AMERICAN ACTION NETWORK

Mailing Address 1747 PENNSYLVANIA AVE, NW
5TH FLOOR

City
WASHINGTON

State
DC

Zip Code
20006-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3400000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2019

Transaction ID : SA11A.6101

Amount of Each Receipt this Period

400000.00

☐ Memo Item
CONTRIBUTION

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

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

700000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. GRIFFIN, KENNETH, C., MR.,

Mailing Address 131 S DEARBORN ST

City
CHICAGO

State
IL

Zip Code
60603-5517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITADEL ASSET MANAGEMENT

Occupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

06 / 28 / 2019

Transaction ID : SA11A.6095

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
CONTRIBUTION

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

B. AMERICAN ACTION NETWORK

Mailing Address 1747 PENNSYLVANIA AVE, NW
5TH FLOOR

City
WASHINGTON

State
DC

Zip Code
20006-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400000.00

Date of Receipt

06 / 28 / 2019

Transaction ID : SA11A.6098

Amount of Each Receipt this Period

3000000.00

☐ Memo Item
CONTRIBUTION

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

C. THE ANSCHUTZ CORPORATION

Mailing Address 555 17TH ST.
SUITE 2400

City
DENVER

State
CO

Zip Code
80202-3941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

06 / 28 / 2019

Transaction ID : SA11A.6097

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

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

4050000.00

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 11 OF 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. AMERICAN ACTION NETWORK

Mailing Address 1747 PENNSYLVANIA AVE, NW
5TH FLOOR

City
WASHINGTON

State
DC

Zip Code
20006-4604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3518500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : SA11A.6101_B

Amount of Each Receipt this Period

118500.00

☐ Memo Item

IN-KIND: RESEARCH

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

118500.00

7593700.00

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 12 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. FOR A BETTER AMERICA

Mailing Address 1300 I STREET NW
SUITE 400E

City
WASHINGTON

State
DC

Zip Code
20005-3318

FEC ID number of contributing
federal political committee.

C C00634576

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

04 / **04** / **2019**

Transaction ID : SA11C.4072

Amount of Each Receipt this Period

40000.00

☐ Memo Item
CONTRIBUTION

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

40000.00

40000.00

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 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. Commonwealth Partners LLC

Mailing Address 3810 Springhurst Blvd.
Suite 120

City State Zip Code
Louisville KY 40241

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
01 / 02 / 2019

Transaction ID : SA15.005

Amount of Each Receipt this Period

2430.00

☐ Memo Item

Office security deposit refund

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

B. IS-CAN Ohio X, LP

Mailing Address 2600 Corporate Exchange Dr.
Suite 175

City State Zip Code
Columbus OH 43231

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
01 / 02 / 2019

Transaction ID : SA15.001

Amount of Each Receipt this Period

900.00

☐ Memo Item

Office security deposit refund

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

C. Lincoln Plaza Center L.P.

Mailing Address Route 38 & Eastgate Drive

City State Zip Code
Moorestown NJ 08057

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
01 / 02 / 2019

Transaction ID : SA15.008

Amount of Each Receipt this Period

3483.33

☐ Memo Item

Office security deposit refund

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

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

6813.33

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 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. Omaha Public Power District

Mailing Address P.O. Box 3995

City

Omaha

State

NE

Zip Code

68103

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
01 / 02 / 2019

Transaction ID : SA15.003

Amount of Each Receipt this Period

342.00

☐ Memo Item

Utilities refund

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

B. Tamair Plaza LLC

Mailing Address P.O. Box 566028

City

Miami

State

FL

Zip Code

33256

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
01 / 02 / 2019

Transaction ID : SA15.002

Amount of Each Receipt this Period

1182.25

☐ Memo Item

Office security deposit refund

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

C. DMC CO1, LLC

Mailing Address 1355 S Colorado Blvd.
Suite C-402

City

Denver

State

CO

Zip Code

80014

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
01 / 08 / 2019

Transaction ID : SA15.011

Amount of Each Receipt this Period

621.50

☐ Memo Item

Office security deposit refund

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

2145.75

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 59
(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. MGB Properties

Mailing Address 1500 Standiford Ave.
Building D

City Modesto State CA Zip Code 95350

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
01 / 08 / 2019

Transaction ID : SA15.009

Amount of Each Receipt this Period

960.00

☐ Memo Item

Office security deposit refund

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

B. Kingston Offices, LLC

Mailing Address 148 Hollow Road

City Staatsburg State NY Zip Code 12580

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
01 / 10 / 2019

Transaction ID : SA15.012

Amount of Each Receipt this Period

500.00

☐ Memo Item

Office security deposit refund

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

C. F.I Salter Real Estate

Mailing Address 301 West 1st St.
Suite 715

City Duluth State MN Zip Code 55802

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
01 / 15 / 2019

Transaction ID : SA15.016

Amount of Each Receipt this Period

866.67

☐ Memo Item

Office security deposit refund

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

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

2326.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. Oak Mesa Properties LLC

Mailing Address 3908 Little Rock Lane

City
Belleville

State
IL

Zip Code
62223

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
01 / 15 / 2019

Transaction ID : SA15.015

Amount of Each Receipt this Period

1525.00

☐ Memo Item

Office security deposit refund

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

B. CB Richard Ellis MEGA

Mailing Address 11213 Davenport Street
Suite 300

City
Omaha

State
NE

Zip Code
68154

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
01 / 22 / 2019

Transaction ID : SA15.018

Amount of Each Receipt this Period

1518.75

☐ Memo Item

Office security deposit refund

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

C. Byler Clark Family, LLC

Mailing Address 4460 Corporation Lane
Suite 300

City
Virginia Beach

State
VA

Zip Code
23462

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
01 / 28 / 2019

Transaction ID : SA15.019

Amount of Each Receipt this Period

1256.67

☐ Memo Item

Office security deposit refund

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

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

4300.42

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 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. Douglas Holdings LLC

Mailing Address PO Box 5468

City
High Point

State
NC

Zip Code
27262

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
01 / 28 / 2019

Transaction ID : SA15.021

Amount of Each Receipt this Period

900.00

☐ Memo Item

Office security deposit refund

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

B. First American Properties

Mailing Address 7120 Hayvenhurst Ave.
Suite 305

City
Van Nuys

State
CA

Zip Code
91406

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
01 / 28 / 2019

Transaction ID : SA15.020

Amount of Each Receipt this Period

1600.00

☐ Memo Item

Office security deposit refund

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

C. Reserve Company LLC

Mailing Address 3432 Denmark Avenue
Suite 360

City
Eagan

State
MN

Zip Code
55123

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
02 / 07 / 2019

Transaction ID : SA15.024

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Office security deposit refund

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

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

3700.00

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 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. Oakwood Center Inc.

Mailing Address 1232 Oakwood Ct.

City
Rochester Hills

State
MI

Zip Code
48307

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
02 / 20 / 2019

Transaction ID : SA15.026

Amount of Each Receipt this Period

933.33

☐ Memo Item

Office security deposit refund

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

B. WA Employment Security Department

Mailing Address 212 Maple Park Ave. SE

City
Olympia

State
WA

Zip Code
98501

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
03 / 19 / 2019

Transaction ID : SA15.028

Amount of Each Receipt this Period

1347.32

☐ Memo Item

State employer tax refund

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

C. First National Bank

Mailing Address P.O. Box 2557

City
Omaha

State
NE

Zip Code
68103

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
05 / 13 / 2019

Transaction ID : SA15.030

Amount of Each Receipt this Period

2101.40

☐ Memo Item

Credit card refund

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

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

4382.05

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 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

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

A. Nebo Media Inc.

Mailing Address PO Box 9825

City
Arlington

State
VA

Zip Code
22219

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
06 / 10 / 2019

Transaction ID : SA15.033

Amount of Each Receipt this Period

665055.56

☐ Memo Item
Media refund

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

B. Mentzer Media Services, Inc.

Mailing Address 210 W. Pennsylvania Ave.
Suite 250

City
Towson

State
MD

Zip Code
21204

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
06 / 12 / 2019

Transaction ID : SA15.034

Amount of Each Receipt this Period

27727.68

☐ Memo Item
Media refund

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)..... ►

692783.24

716451.46

**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 20 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. First National Bank

Mailing Address P.O. Box 2557

City
OmahaState
NEZip Code
68103Purpose of Disbursement
Credit card payment - see memo entries

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.37

Amount of Each Disbursement this Period

234.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Google Services

Mailing Address 1600 Amphitheatre Pkwy.

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Utilities

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

120.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Time Warner Cable

Mailing Address P.O. Box 60074

City
City of IndustryState
CAZip Code
91716Purpose of Disbursement
Utilities

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.39

Amount of Each Disbursement this Period

114.98

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2	3	4	9	8
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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 21 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. First National Bank

Mailing Address P.O. Box 2557

City
OmahaState
NEZip Code
68103Purpose of Disbursement
Credit card payment - see memo entries

002

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.53

Amount of Each Disbursement this Period

23233.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AKA White House

Mailing Address 1710 H Street NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Lodging

002

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.54

Amount of Each Disbursement this Period

2741.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Boulevard

City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.55

Amount of Each Disbursement this Period

855.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23233.39

**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 22 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Capital Grille

Mailing Address 601 Pennsylvania Ave. NW

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Event catering

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.56

Amount of Each Disbursement this Period

1975.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Chick Fil-A

Mailing Address 5200 Buffington Rd.

City
AtlantaState
GAZip Code
30349Purpose of Disbursement
Event catering

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.57

Amount of Each Disbursement this Period

605.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. District Taco

Mailing Address 2828 Fallfax Drive

City
Falls ChurchState
VAZip Code
22042Purpose of Disbursement
Event catering

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.58

Amount of Each Disbursement this Period

699.50

☒ 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)

PAGE 23 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Fed Ex

Mailing Address 3875 Airways

City
MemphisState
TNZip Code
38116Purpose of Disbursement
Printing and shipping

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.59

Amount of Each Disbursement this Period

5388.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Four Seasons

Mailing Address 1165 Leslie St.

City
Toronto, Canada M3C 2K8

State

Zip Code

Purpose of Disbursement
Lodging

002

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.60

Amount of Each Disbursement this Period

5992.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Computer services

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.61

Amount of Each Disbursement this Period

997.46

☒ 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)

PAGE 24 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Roti Mediterranean Grill

Mailing Address 1311 F. Street NW

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Event catering

001

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.62

Amount of Each Disbursement this Period

396.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. The Hay Adams Hotel

Mailing Address 800 16th St NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Lodging

002

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.64

Amount of Each Disbursement this Period

1885.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. The Strategy Group Company

Mailing Address 7669 Stagers Loop

City
DelawareState
OHZip Code
43015Purpose of Disbursement
Advertising

004

Category/
Type

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
0	1			0	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.63

Amount of Each Disbursement this Period

441.50

☒ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. USPS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		03		2019

Mailing Address 475 L'Enfant Plaza SW
Room 4012City
WashingtonState
DCZip Code
20260Purpose of Disbursement
Postage and shipping

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.65

Amount of Each Disbursement this Period

600.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. WP Engine

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		03		2019

Mailing Address 504 Lavaca Street
Suite 1000City
AustinState
TXZip Code
78701Purpose of Disbursement
Computer services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.66

Amount of Each Disbursement this Period

290.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. PCI Payment Solutions

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		03		2019

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.6

Amount of Each Disbursement this Period

47.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

47.50

**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 26 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. E.C. Maruggi Incorporated

Mailing Address 660 South Howell St.

City
St. PaulState
MNZip Code
55116Purpose of Disbursement
Administrative consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB.23**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database subscription

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB.28**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	1			2	0	1	9		

FEC Identification Number

C**Transaction ID : SB.7**

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).....▶

1525.00

**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 27 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Atlanta Falcons Stadium Company, LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	9

Mailing Address 1 AMB Drive NW

City
AtlantaState
GAZip Code
30313Purpose of Disbursement
Event tickets and catering

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.52

Amount of Each Disbursement this Period

165000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	9

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.8

Amount of Each Disbursement this Period

4.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Clark Hill PLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	9

Mailing Address P.O. Box 3760

City
PittsburghState
PAZip Code
15230Purpose of Disbursement
Legal services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.42

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175004.50

**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 28 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. KY Office of Employment & Training

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	9

Mailing Address 1121 Louisville Rd.
Suite 6City
FrankfortState
KYZip Code
40601Purpose of Disbursement
State employer taxes

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.75

Amount of Each Disbursement this Period

257.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Trinity Financial Reporting & Compliance

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	9

Mailing Address PO Box 710993

City
HerndonState
VAZip Code
20171Purpose of Disbursement
Accounting and compliance

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.41

Amount of Each Disbursement this Period

11991.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PCI Payment Solutions

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	9

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.9

Amount of Each Disbursement this Period

47.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12296.51

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. E.C. Maruggi Incorporated

Mailing Address 660 South Howell St.

City
St. PaulState
MNZip Code
55116Purpose of Disbursement
Administrative consulting

001

Category/
Type

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
0	2			1	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.24

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tray - Printing, Mailing, Logistics

Mailing Address PO Box 1360

City
Glen BurnieState
MDZip Code
21061Purpose of Disbursement
Business cards

001

Category/
Type

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
0	2			1	3			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.81

Amount of Each Disbursement this Period

275.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.10

Amount of Each Disbursement this Period

1.28

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

1276.44

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address P.O. Box 3760

City
PittsburghState
PAZip Code
15230Purpose of Disbursement
Legal services

001

Category/
Type

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
0	2			2	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.43

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database subscription

003

Category/
Type

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
0	2			2	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.29

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Trinity Financial Reporting & Compliance

Mailing Address PO Box 710993

City
HerndonState
VAZip Code
20171Purpose of Disbursement
Accounting and compliance

001

Category/
Type

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
0	2			2	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.44

Amount of Each Disbursement this Period

7942.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13442.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jones Day

Mailing Address 51 Louisiana Ave. NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal services

001

Category/
Type

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
0	2				2	8				2	0	1	9

FEC Identification Number

C

Transaction ID : SB.45

Amount of Each Disbursement this Period

15274.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tray - Printing, Mailing, Logistics

Mailing Address PO Box 1360

City
Glen BurnieState
MDZip Code
21061Purpose of Disbursement
Business cards

001

Category/
Type

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
0	2				2	8				2	0	1	9

FEC Identification Number

C

Transaction ID : SB.82

Amount of Each Disbursement this Period

287.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PCI Payment Solutions

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	4				2	0	1	9

FEC Identification Number

C

Transaction ID : SB.11

Amount of Each Disbursement this Period

47.50

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

15609.44

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2019

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.12

Amount of Each Disbursement this Period

6.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CNA Insurance

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2019

Mailing Address P.O. Box 790094

City
St. LouisState
MOZip Code
63179Purpose of Disbursement
Insurance premium

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.40

Amount of Each Disbursement this Period

1225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nelson, Emma, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2019

Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entries

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.85

Amount of Each Disbursement this Period

1389.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2621.02

**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 33 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2019

Mailing Address 4333 Amon Carter Boulevard

FEC Identification Number

C**Transaction ID : SB.86**

Amount of Each Disbursement this Period

689.60

☒ Memo ItemCity
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Marriott

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2019

Mailing Address 10400 Fernwood Road

FEC Identification Number

C**Transaction ID : SB.87**

Amount of Each Disbursement this Period

699.47

☒ Memo ItemCity
BethesdaState
MDZip Code
20817Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Altria Client Services Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2019

Mailing Address 101 Constitution Ave. NW
Suite 400W

FEC Identification Number

C**Transaction ID : SB.34**

Amount of Each Disbursement this Period

700.00

☐ Memo ItemCity
WashingtonState
DCZip Code
20001Purpose of Disbursement
Venue rental

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

**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 34 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Conston, Daniel, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2019

Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entries

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.88

Amount of Each Disbursement this Period

1236.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2019

Mailing Address 4333 Amon Carter Boulevard

City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.89

Amount of Each Disbursement this Period

685.33

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Expedia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2019

Mailing Address 333 108th Ave NE

City
BellevueState
WAZip Code
98004Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.90

Amount of Each Disbursement this Period

551.45

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1236.78

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 35 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.13

Amount of Each Disbursement this Period

1.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NY Department of Taxation and Finance

Mailing Address W A Harriman Campus #855

City
AlbanyState
NYZip Code
12227Purpose of Disbursement
State employer taxes

001

Category/
Type

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
0	3			1	9			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.79

Amount of Each Disbursement this Period

712.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conston, Daniel, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entries

002

Category/
Type

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
0	3			2	6			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.91

Amount of Each Disbursement this Period

3103.71

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3817.49

**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 36 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Marriott

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	1	9		

Mailing Address 10400 Fernwood Road

FEC Identification Number

C**Transaction ID : SB.93**

Amount of Each Disbursement this Period

2518.04

☒ Memo Item

City

Bethesda

State

MD

Zip Code

20817

Purpose of Disbursement

Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Mercedes Benz Stadium

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	1	9		

Mailing Address 1 AMB Drive Northwest

FEC Identification Number

C**Transaction ID : SB.92**

Amount of Each Disbursement this Period

271.00

☒ Memo Item

City

Atlanta

State

GA

Zip Code

30313

Purpose of Disbursement

Event food and beverage

002

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Trinity Financial Reporting & Compliance

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	9		

Mailing Address PO Box 710993

FEC Identification Number

C**Transaction ID : SB.46**

Amount of Each Disbursement this Period

3052.00

☐ Memo Item

City

Herndon

State

VA

Zip Code

20171

Purpose of Disbursement

Accounting and compliance

001

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3052.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database subscription

003

Category/
Type

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
0	4			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.30

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. E.C. Maruggi Incorporated

Mailing Address 660 South Howell St.

City
St. PaulState
MNZip Code
55116Purpose of Disbursement
Administrative consulting

001

Category/
Type

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
0	4			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.25

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PCI Payment Solutions

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.14

Amount of Each Disbursement this Period

47.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1547.50

**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 38 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Conston, Daniel, , ,

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	4		0	2		2	0	1	9		

Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel - see memo entries

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.94

Amount of Each Disbursement this Period

684.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	4		0	2		2	0	1	9		

Mailing Address 4333 Amon Carter Boulevard

City
Fort WorthState
TXZip Code
76155Purpose of Disbursement
Airfare

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.95

Amount of Each Disbursement this Period

326.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Marriott

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	4		0	2		2	0	1	9		

Mailing Address 10400 Fernwood Road

City
BethesdaState
MDZip Code
20817Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.96

Amount of Each Disbursement this Period

232.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

684.70

**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 39 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2019

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database subscription

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.31

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. E.C. Maruggi Incorporated

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2019

Mailing Address 660 South Howell St.

City
St. PaulState
MNZip Code
55116Purpose of Disbursement
Administrative consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.26

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jones Day

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2019

Mailing Address 51 Louisiana Ave. NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.47

Amount of Each Disbursement this Period

10491.75

☐ Memo Item

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

11991.75

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 40 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2019

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.15

Amount of Each Disbursement this Period

1.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Conston, Daniel, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.97

Amount of Each Disbursement this Period

380.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jones Day

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

Mailing Address 51 Louisiana Ave. NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.48

Amount of Each Disbursement this Period

13687.50

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

14069.59

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 41 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Trinity Financial Reporting & Compliance

Mailing Address PO Box 710993

City
HerndonState
VAZip Code
20171Purpose of Disbursement
Accounting and compliance

001

Category/
Type

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
0	5			0	1			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.49

Amount of Each Disbursement this Period

3029.74

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. PCI Payment Solutions

Mailing Address 902 Chinguapin

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.16

Amount of Each Disbursement this Period

47.50

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.17

Amount of Each Disbursement this Period

2.25

☐

Memo Item

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

3079.49

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 42 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2019

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.18

Amount of Each Disbursement this Period

0.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2019

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.19

Amount of Each Disbursement this Period

1.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Morning Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2019

Mailing Address 5918 4th Street NW

City
WashingtonState
DCZip Code
20011Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.20

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25001.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Valero Energy Employee PAC

Mailing Address PO Box 69600

City
San AntonioState
TXZip Code
78269Purpose of Disbursement
Event catering and equipment services

001

Category/
Type

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
0	5				3	0		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.35

Amount of Each Disbursement this Period

7245.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PCI Payment Solutions

Mailing Address 902 Chinquapin

City
McLeanState
VAZip Code
22102Purpose of Disbursement
Merchant fee

003

Category/
Type

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
0	6				0	3		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.21

Amount of Each Disbursement this Period

47.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Conston, Daniel, , ,Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel

002

Category/
Type

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
0	6				1	2		2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.98

Amount of Each Disbursement this Period

326.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7619.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Atchley & Associates LLP

Mailing Address 1005 La Posada Drive

City
AustinState
TXZip Code
78752Purpose of Disbursement
Tax compliance services

001

Category/
Type

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
0	6			1	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.51

Amount of Each Disbursement this Period

1852.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database subscription

003

Category/
Type

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
0	6			1	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.32

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. E.C. Maruggi Incorporated

Mailing Address 660 South Howell St.

City
St. PaulState
MNZip Code
55116Purpose of Disbursement
Administrative consulting

001

Category/
Type

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
0	6			1	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : SB.27

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4352.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jones Day

Mailing Address 51 Louisiana Ave. NW

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal services

001

Category/
Type

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
06	/	12	/	2019

FEC Identification Number

C

Transaction ID : SB.50

Amount of Each Disbursement this Period

10783.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tray - Printing, Mailing, Logistics

Mailing Address PO Box 1360

City
Glen BurnieState
MDZip Code
21061Purpose of Disbursement
Business cards

001

Category/
Type

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
06	/	12	/	2019

FEC Identification Number

C

Transaction ID : SB.83

Amount of Each Disbursement this Period

140.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Donor database subscription

003

Category/
Type

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
06	/	17	/	2019

FEC Identification Number

C

Transaction ID : SB.33

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11424.01

**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 46 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2019

Mailing Address 1593 Spring Hill Road
Suite 400City
Tysons CornerState
VAZip Code
22182Purpose of Disbursement
Merchant fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.22

Amount of Each Disbursement this Period

1.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Conston, Daniel, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2019

Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.99

Amount of Each Disbursement this Period

398.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Action Network

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2019

Mailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
Payment under cost-sharing agreement - See Schedule D

009

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB.5

Amount of Each Disbursement this Period

380000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

380399.33

**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 47 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Action NetworkMailing Address 1747 Pennsylvania Ave. NW
5th FloorCity
WashingtonState
DCZip Code
20006Purpose of Disbursement
In-Kind: Research

001

Category/
Type

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
06	/	30	/	2019

FEC Identification Number

C

Transaction ID : SB.100

Amount of Each Disbursement this Period

118500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

118500.00

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

832766.78

**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 48 OF 59

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

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NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

Full Name (Last, First, Middle Initial)

A. Alpha Marine Services

Mailing Address P.O. Box 310

City
GallianoState
LAZip Code
70354Purpose of Disbursement
Contribution refund

010

Category/
Type

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
03	/	13	/	2019

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The 3M Company

Mailing Address 3M Center, Building 216-2N-07

City
St. PaulState
MNZip Code
55144Purpose of Disbursement
Contribution refund

010

Category/
Type

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
03	/	22	/	2019

FEC Identification Number

C

Transaction ID : SB.2

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

150000.00

150000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 49 OF 59

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Congressional Leadership Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Action Network

Nature of Debt (Purpose):

Amounts owed for services provided

Mailing Address 1747 Pennsylvania Avenue, NW
5th FloorCity
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD.001

Amount Incurred This Period

1468998.70

Payment This Period

380000.00

Outstanding Balance at Close of This Period

1088998.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1088998.70

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

1088998.70

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1088998.70

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SD10
Transaction ID : SD.001

Amounts owed under cost-sharing agreement for services provided

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington	State DC	Zip Code 20006	Amount 17500.00		
Purpose of Expenditure Media placement		Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019		
Name of Federal Candidate: Cisneros, Gil, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 17500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington	State DC	Zip Code 20006	Amount 2500.00		
Purpose of Expenditure Media production		Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019		
Name of Federal Candidate: Cisneros, Gil, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 20000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20000.00		
(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, , ,		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington	State DC	Zip Code 20006	Amount 2500.00		
Purpose of Expenditure Media production		Category/Type 004	Transaction ID : 005 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019		
Name of Federal Candidate: Davids, Sharice, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			20000.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington	State DC	Zip Code 20006	Amount 17500.00		
Purpose of Expenditure Media placement		Category/Type 004	Transaction ID : 006 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019		
Name of Federal Candidate: Stevens, Haley, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			17500.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20000.00		
(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, , ,		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Media production		Category/ Type 004		Amount 2500.00	
Name of Federal Candidate: Stevens, Haley, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 20000.00			Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Media placement		Category/ Type 004		Amount 17500.00	
Name of Federal Candidate: Phillips, Dean, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 17500.00			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20000.00		
(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, , ,		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington	State DC	Zip Code 20006	Amount 2500.00		
Purpose of Expenditure Media production		Category/ Type 004	Transaction ID : 009 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019		
Name of Federal Candidate: Phillips, Dean, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 20000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington	State DC	Zip Code 20006	Amount 17500.00		
Purpose of Expenditure Media placement		Category/ Type 004	Transaction ID : 010 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019		
Name of Federal Candidate: Kim, Andy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought 17500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			20000.00		
(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.					
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2019		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Media production		Category/ Type 004		Amount 2500.00	
Name of Federal Candidate: Kim, Andy, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 20000.00			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 11 / 2019		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Media placement		Category/ Type 004		Amount 1500.00	
Name of Federal Candidate: Delgado, Antonio, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1500.00			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			4000.00		
(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.					
Crosby, Caleb, , , Signature			Date M M / D D / Y Y Y Y Y Y 07 / 31 / 2019		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2019		
City Washington		State DC	Zip Code 20006		Amount 2500.00
Purpose of Expenditure Media production			Category/ Type 004		Transaction ID : 013 Date of Disbursement or Obligation MM / DD / YYYY 02 / 11 / 2019
Name of Federal Candidate: Delgado, Antonio, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought			4000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2019		
City Washington		State DC	Zip Code 20006		Amount 17500.00
Purpose of Expenditure Media placement			Category/ Type 004		Transaction ID : 014 Date of Disbursement or Obligation MM / DD / YYYY 01 / 04 / 2019
Name of Federal Candidate: Pannill Fletcher, Lizzie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			17500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				20000.00	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2019		
City Washington		State DC	Zip Code 20006		Amount 2500.00
Purpose of Expenditure Media production			Category/ Type 004		Transaction ID : 015 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 04 / 2019
Name of Federal Candidate: Pannill Fletcher, Lizzie, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			20000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 11 / 2019		
City Washington		State DC	Zip Code 20006		Amount 1500.00
Purpose of Expenditure Media placement			Category/ Type 004		Transaction ID : 016 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 11 / 2019
Name of Federal Candidate: Allred, Colin, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			1500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				4000.00	
(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.					
Crosby, Caleb, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 07 / 31 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 59
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Congressional Leadership Fund				FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2019		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Media production		Category/ Type 004		Amount 2500.00	
Name of Federal Candidate: Allred, Colin, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 4000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cavalry			<input type="checkbox"/> Memo Item		
Mailing Address 1634 Eye Street NW #800			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2019		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Media production		Category/ Type 004		Amount 16.89	
Name of Federal Candidate: McCready, Dan, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 16.89			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special General		
(a) SUBTOTAL of Itemized Independent Expenditures				2516.89	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures				128266.89	
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 <i>Crosby, Caleb, , ,</i>			Date MM / DD / YYYY 07 / 31 / 2019		
[Electronically Filed]					