

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>                                                                                                                                | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00504530         </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                                                                                              |

|                                                         |             |                                                                                 |                                                                                                                                                                           |  |  |
|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>SRCP Media</b>                 |             |                                                                                 | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 28 / 2016</b>                                                                                      |  |  |
| Mailing Address 201 N. Union Street<br>Suite 200        |             |                                                                                 | Amount<br><div style="border: 1px solid black; padding: 2px;">17819.00</div>                                                                                              |  |  |
| City<br>Alexndria                                       | State<br>VA | Zip Code<br>22314                                                               | Transaction ID : 001                                                                                                                                                      |  |  |
| Purpose of Expenditure<br>Media production              |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px;">004</div> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 28 / 2016</b>                                                                                             |  |  |
| Name of Federal Candidate<br>Gallego, Pete, , ,         |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose  | Office Sought: <input checked="" type="checkbox"/> House    District: <u>23</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>TX</u> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px;">1705203.00</div>            | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                         |  |  |

|                                                         |       |                                                                              |                                                                                                                                                        |  |  |
|---------------------------------------------------------|-------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee                                      |       |                                                                              | Date of Public Distribution/Dissemination<br>MM / DD / YYYY                                                                                            |  |  |
| Mailing Address                                         |       |                                                                              | Amount<br><div style="border: 1px solid black; padding: 2px;"></div>                                                                                   |  |  |
| City                                                    | State | Zip Code                                                                     | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                   |  |  |
| Purpose of Expenditure                                  |       | Category/<br>Type <div style="border: 1px solid black; padding: 2px;"></div> |                                                                                                                                                        |  |  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose          | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | <div style="border: 1px solid black; padding: 2px;"></div>                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                      |  |  |

|                                                                    |                                                                    |
|--------------------------------------------------------------------|--------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px;">17819.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px;"></div>         |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px;">17819.00</div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 29 / 2016**

Signature