

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Prime Media Partners			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2018		
Mailing Address 4201 Wilson Blvd. #110-126			Amount 27218.20		
City Arlington	State VA	Zip Code 22203	Transaction ID : 001		
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2018		
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 892458.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Prime Media Partners			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2018		
Mailing Address 4201 Wilson Blvd. #110-126			Amount 1809.02		
City Arlington	State VA	Zip Code 22203	Transaction ID : 002		
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2018		
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 894267.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29027.22
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	29027.22

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
08 / 19 / 2018

Signature