

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 / 28 / 2018 | |
| Mailing Address 4201 Wilson Blvd. #110-126 | | Amount 17500.00 | |
| 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 / 28 / 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 911767.17 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ | |

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

| | |
|-----------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 17500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | 17500.00 |

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 / 30 / 2018

Signature