

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DMM Media
Mailing Address 1911 N. Fort Meyer Drive, Ste 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media Production Category/Type 004
Name of Federal Candidate Schrier, Kim, , Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2047890.93

Date of Public Distribution/Dissemination 10/05/2018
Amount 17197.47
Transaction ID : 001
Date of Disbursement or Obligation 10/05/2018
Office Sought: House District: 08 State: WA
Disbursement For: General 2018

Full Name of Payee In Field Strategies
Mailing Address 970 Seacoast Dr. Suite 7
City Imperial Beach State CA Zip Code 91932
Purpose of Expenditure Canvassing Category/Type 004
Name of Federal Candidate Rossi, Dino, , Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2076015.93

Date of Public Distribution/Dissemination 10/05/2018
Amount 28125.00
Transaction ID : 002
Date of Disbursement or Obligation 10/05/2018
Office Sought: House District: 08 State: WA
Disbursement For: General 2018

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 45322.47

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 10/07/2018

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee In Field Strategies
Mailing Address 970 Seacoast Dr. Suite 7
City Imperial Beach State CA Zip Code 91932
Purpose of Expenditure Canvassing Category/Type 004

Date of Public Distribution/Dissemination 10/05/2018
Amount 28125.00
Transaction ID : 003
Date of Disbursement or Obligation 10/05/2018

Name of Federal Candidate Schrier, Kim, ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2104140.93

Office Sought: House District: 08 State: WA
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate
Support Oppose
Calendar Year-To-Date Per Election for Office Sought

Office Sought: House District: State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 28125.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 73447.47

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 10/07/2018