

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

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 FOR SE OF FORM 24/48

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

Full Name of Payee Cavalry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2017	
Mailing Address 1634 Eye Street NW Suite 800		Amount 175000.00	
City Washington	State DC	Zip Code 20006	Transaction ID : 001 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2017
Purpose of Expenditure Media placement		Category/Type 004	
Name of Federal Candidate Ossoff, Jon, , ,		☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: GA	
175000.00		Disbursement For: ☐ Primary ☐ General ☒ Other (specify) Special Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	175000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	175000.00

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

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

04 / 27 / 2017

Signature