

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
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 Creative Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2018
Mailing Address 25 E. Main St.		Amount 15918.00
City Richmond	State VA	Zip Code 23219
Purpose of Expenditure Direct mail	Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 02 / 28 / 2018
Name of Federal Candidate Lamb, Conor, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 3127437.58		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) Special General

Full Name of Payee Creative Direct		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2018
Mailing Address 25 E. Main St.		Amount 2587.50
City Richmond	State VA	Zip Code 23219
Purpose of Expenditure Doorhangers	Category/Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 03 / 05 / 2018
Name of Federal Candidate Saccone, Rick, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 3130025.08		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) Special General

(a) SUBTOTAL of Itemized Independent Expenditures.....	18505.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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
03 / 03 / 2018

Signature

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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 <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 Creative Direct			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2018		
Mailing Address 25 E. Main St.			Amount 2587.50		
City Richmond	State VA	Zip Code 23219	Transaction ID : 003		
Purpose of Expenditure Doorhangers		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 05 / 2018		
Name of Federal Candidate Lamb, Conor, , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 18 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought 3132612.58			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special General		

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 Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <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..... ►	2587.50
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	21093.00

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
03 / 03 / 2018

Signature