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

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund		C C00504530
		U .
Check if 24-hour report		
Full Name of Payee In Field Strategies		Date of Public Distribution/Dissemination
		05 30 7 2017
Mailing Address 970 Seacoast Dr, Ste 7		Amount
City State	Zip Code	44705.00
Imperial Beach CA	91932	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	05 19 2017
Name of Federal Candidate	Support Of	ffice Sought: 🗶 House District:06
Ossoff, Jon, , ,	X Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	3301020.47 Dis	sbursement For: Primary General 17 ✗ Other (specify) ▶ Special Runoff
Full Name of Payee		Date of Public Distribution/Dissemination
In Field Strategies		05 30 2017
Mailing Address 970 Seacoast Dr, Ste 7		Amount
City State Imperial Beach CA	Zip Code	44705.00 Transaction ID : 002
	91932	Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	05 / 19 / 2017
Name of Federal Candidate	✗ Support Of	ffice Sought:
Handel, Karen, , ,	Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O17 ✓ Other (specify) ► Special Runoff
() CUPTOTAL ()		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	89410.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······································	89410.00
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	