

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 ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Connection Strategy		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2017	
Mailing Address P.O. Box 2192		Amount 4844.28	
City Arlington	State VA	Zip Code 22202	Transaction ID : 001
Purpose of Expenditure Phone calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2017	
Name of Federal Candidate Quist, Rob, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 1983565.46		Disbursement For: ☐ Primary ☐ General 2017 ☒ 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		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	4844.28
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	4844.28

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
05 / 08 / 2017

Signature