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)		
Congressional Leadership Fund		C C00504530
		0 0000 000
Check if 24-hour report 48-hour report New report Amends report filed on 10 22 2014		
Full Name of Payee Political Ink, Inc.		Date of Public Distribution/Dissemination
		10 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1220 19th Street NW		Amount
Suite 502 City State	7in Codo	41549.03
	Zip Code 20036	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Direct mail	Category/ Type 004	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: X House District: 02
Lynn Jenkins	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	41549.03 Disb 2014	oursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate	Support Office	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Disk	oursement For: Primary General
Per Election for Office Sought	11.00	Other (specify)
(a) SUPTOTAL of Itamized Independent Evapolitures		44540.02
(a) SUBTOTAL of Itemized Independent Expenditures		41549.03
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	41549.03
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.		
	ically Filed] Date	10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		