

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER C C00504530
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 815 Slaters Lane		Amount <input type="text"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure TV/Media Placement		Transaction ID : 0001
Category/Type <input type="text"/>		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Gallego		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 180417.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Scott Howell & Company		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3900 Willow St. Suite 200		Amount <input type="text"/>
City Dallas	State TX	Zip Code 75226
Purpose of Expenditure TV/Media Production		Transaction ID : 0002
Category/Type <input type="text"/>		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Gallego		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 180417.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 150956.40
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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.

Signature Charles Meachum [Electronically Filed] Date / /

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00504530 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Angler LLC		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 1100 G Street NW Suite 805		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29461.00</div>
City Washington State DC Zip Code 20005	Transaction ID : 0003	
Purpose of Expenditure Web video	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Gallego		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

180417.40

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City State Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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.....	<div style="border: 1px solid black; padding: 2px;">29461.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">180417.40</div>

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.

Charles Meachum
 Signature [Electronically Filed] Date

M M /

D D /

Y Y Y Y Y Y