

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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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 ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /		
Full Name of Payee Targeted Victory			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016		
Mailing Address 1033 North Fairfax Street Suite 400			Amount 54100.00		
City State Zip Code Alexandria VA 22314		Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016			
Purpose of Expenditure Media placement		Category/ Type 004			
Name of Federal Candidate Rosen, Jacky, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			2243633.15		Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code		Date of Disbursement or Obligation			
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..... ▶			54100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			54100.00		
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.					
Signature <u>Crosby, Caleb, , ,</u>			[Electronically Filed]		Date MM / DD / YYYY 10 / 23 / 2016