

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

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Creative Direct</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">03</table> / <table border="1" style="display:inline-table; margin:0 5px;">01</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 25 E. Main St.			Amount <table border="1" style="display:inline-table; margin:0 5px;">48012.00</table>		
City Richmond	State VA	Zip Code 23219	Transaction ID : 001		
Purpose of Expenditure Direct mail		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">02</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate Lamb, Conor, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">3082274.58</table>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General		

Full Name of Payee <b>Creative Direct</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">03</table> / <table border="1" style="display:inline-table; margin:0 5px;">01</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 25 E. Main St.			Amount <table border="1" style="display:inline-table; margin:0 5px;">10380.00</table>		
City Richmond	State VA	Zip Code 23219	Transaction ID : 002		
Purpose of Expenditure Direct mail		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">03</table> / <table border="1" style="display:inline-table; margin:0 5px;">01</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate Lamb, Conor, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">3092654.58</table>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<table border="1" style="display:inline-table; margin:0 5px;">58392.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures..... ►	<table border="1" style="display:inline-table; margin:0 5px;"></table>

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

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Signature

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

 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

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

Full Name of Payee <b>Mentzer Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 01 / 2018</b>
Mailing Address 210 W. Pennsylvania Ave. Suite 250		Amount 8500.00
City Towson	State MD	Zip Code 21204
Purpose of Expenditure Media placement	Category/Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2018</b>
Name of Federal Candidate Lamb, Conor, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 3101154.58		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General

Full Name of Payee <b>Mentzer Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 01 / 2018</b>
Mailing Address 210 W. Pennsylvania Ave. Suite 250		Amount 10365.00
City Towson	State MD	Zip Code 21204
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 01 / 2018</b>
Name of Federal Candidate Lamb, Conor, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 3111519.58		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	18865.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	77257.00

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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
03 / 02 / 2018

Signature