24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
check if 24-hour report	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Majority Strategies, LLC	M M / D D / Y Y Y Y
Mailing Address 12854 Kenan Drive	09 18 2018 Amount
Suite 145	Amount
City State Zip Code	4095.00
Jacksonville FL 32258	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Doorhangers Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 45
Walters, Mimi, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb. 2018	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Majority Strategies, LLC	09 18 2018
Mailing Address 12854 Kenan Drive	2515
Suite 145	Amount
City State Zip Code	4095.00
Jacksonville FL 32258	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M = M / D = D / Y = Y = Y
Doorhangers Type 004	09 17 2018
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 45
Porter, Katie, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary General Other (specify)
	Outer (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	8190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	8190.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	