

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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

Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 11 / 2017
Mailing Address 12854 Kenan Drive Suite 145		Amount 36892.81
City Jacksonville	State FL	Zip Code 32258
Purpose of Expenditure Direct mail	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 04 / 10 / 2017
Name of Federal Candidate Ossoff, Jon, , , ☐ Support ☒ Oppose		Office Sought: ☒ House District: 06 ☐ President ☐ Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 2604230.66		Disbursement For: ☐ Primary ☐ General 2017 ☒ Other (specify) ► Special General

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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..... ►	36892.81
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	36892.81

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
04 / 12 / 2017

Signature