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

Schedule E)  PAGE 1 OF 2  FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)							
Congressional Leadership Fund					C C00504530		
Check if 24-hour report							
Full Nam	e of Payee <b>Media</b>			Date	of Public Distribution/Dissemination		
				[	10 05 2018		
Mailing 7	Address PO Box 9825			Amo	unt		
City		State	Zip Code	— F.	281588.94		
Arlingtor	Arlington VA			Transaction ID : 001  Date of Disbursement or Obligation			
	of Expenditure lacement		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of	Federal Candidate		Support	Office Soug	ht: K House District: 45		
Porter, K	(atie, , ,		<b>X</b> Oppose	Presid	dent Senate State: CA		
	endar Year-To-Date Election for Office Sought		2964256.55	Disburseme 2018	ont For:		
	ne of Payee			Date	of Public Distribution/Dissemination		
In Fiei	In Field Strategies			10 05 2018			
Mailing A	Address 970 Seacoast Dr., Suite 7			Amo	unt		
City		State	Zip Code	$-\Gamma$	28125.00		
Imperial	Beach	CA	91932		saction ID: 002 of Disbursement or Obligation		
Purpose Canvass	of Expenditure sing		Category/ Type 004	] [	10 05 / 2018		
Name of	Federal Candidate		<b>x</b> Support	Office Soug	ht: 🗶 House District: 45		
Walters,	Mimi, , ,		Oppose	Presid	dent Senate State: CA		
	endar Year-To-Date Election for Office Sought	7 7	2992381.55	Disburseme 2018	ent For: Primary General  Other (specify)		
(a) SUBI	OTAL of Itemized Independent Expen	ditures		>	309713.94		
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures					7 7 7		
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.							
Cianati	Crosby, Caleb, , ,	[Electron	nically Filed] Date	e 10	07 2018		
Signatu	ire						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Congressional Leadership Fund	C C00504530					
Check if 24-hour report						
Full Name of Payee	Date of Public Distribution/Dissemination					
In Field Strategies	10 05 Y Y Y Y Y					
Mailing Address 970 Seacoast Dr., Suite 7	Amount					
City State Zip Code	28125.00					
Imperial Beach CA 91932	Transaction ID: 003  Date of Disbursement or Obligation					
Purpose of Expenditure Canvassing  Category/ Type	004 Disbursement of Obligation  10 05 2018					
Name of Federal Candidate Suppo	ort Office Sought:    House District: 45					
Porter, Katie, , ,						
Calendar Year-To-Date Per Election for Office Sought 3020506.55	Disbursement For: Primary   2018 General  Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
	M = M / D = D / Y = Y = Y					
Mailing Address	Amount					
City State Zip Code						
Sind Zip code						
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation					
Name of Federal Candidate Suppo	ort Office Sought: House District:					
Oppos						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General					
	Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
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]  Signature	Date 10 07 2018					