

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee American Media & Advocacy Group
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Mowrer, Jim, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1309257.77

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 231260.19
Transaction ID : 001
Date of Disbursement or Obligation 10 / 24 / 2016
Office Sought: [x] House District: 03
[] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

Full Name of Payee American Media & Advocacy Group
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Mowrer, Jim, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1643123.63

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 333865.86
Transaction ID : 002
Date of Disbursement or Obligation 10 / 14 / 2016
Office Sought: [x] House District: 03
[] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 565126.05, (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.
Signature Crosby, Caleb, , , [Electronically Filed] Date 11 / 02 / 2016

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NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee DMM Media
Mailing Address 1911 N. Fort Meyer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media Production Category/Type 004
Name of Federal Candidate Mowrer, Jim, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1658107.17

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 14983.54
Transaction ID : 003
Date of Disbursement or Obligation 10 / 31 / 2016
Office Sought: [x] House District: 03 [] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

Full Name of Payee DMM Media
Mailing Address 1911 N. Fort Meyer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media Production Category/Type 004
Name of Federal Candidate Mowrer, Jim, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1661036.95

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 2929.78
Transaction ID : 004
Date of Disbursement or Obligation 10 / 31 / 2016
Office Sought: [x] House District: 03 [] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 17913.32
(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.
Signature Crosby, Caleb, , , [Electronically Filed] Date 11 / 02 / 2016

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Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee DMM Media
Mailing Address 1911 N. Fort Meyer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media Production Category/Type 004
Name of Federal Candidate Mowrer, Jim, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1685875.72

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 24838.77
Transaction ID : 005
Date of Disbursement or Obligation 11 / 01 / 2016
Office Sought: [x] House District: 03 [] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

Full Name of Payee The Strawn Company
Mailing Address PO Box 8399
City Des Moines State IA Zip Code 50301
Purpose of Expenditure Media Production Category/Type 004
Name of Federal Candidate Mowrer, Jim, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1690875.72

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 5000.00
Transaction ID : 006
Date of Disbursement or Obligation 11 / 01 / 2016
Office Sought: [x] House District: 03 [] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 29838.77
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature Crosby, Caleb, , , [Electronically Filed] Date 11 / 02 / 2016

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NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee The Prosper Group Corporation
Mailing Address 435 East Main Street Suite 250
City Greenwood State IN Zip Code 46143
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Mowrer, Jim, , Support [] Oppose [x]
Calendar Year-To-Date Per Election for Office Sought 1730875.72

Date of Public Distribution/Dissemination 11 / 01 / 2016
Amount 40000.00
Transaction ID : 007
Date of Disbursement or Obligation 11 / 01 / 2016
Office Sought: [x] House District: 03
[] President [] Senate State: IA
Disbursement For: [] Primary [x] General 2016 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate Support [] Oppose []
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District:
[] President [] Senate State:
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 40000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 652878.14

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 Crosby, Caleb, , [Electronically Filed] Date 11 / 02 / 2016